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MEDICAL SOCIETY OF NEW JERSEY.

ABSTRACT OF PROCEEDINGS OF SEMI-ANNUAL MEETING.

The semi-annual meeting for the year 1848, was held at Trenton, on Tuesday the 14th of November. The President, Dr. S. W. Pennington, in the chair. Delegates were present from the counties of Essex, Morris, Monmouth, Hunterdon, Mercer, Cumberland, Camden and Burlington. An interesting address was read by Dr. Taylor, of New Brunswick, (one of the Vice-Presidents,) on the history of anatomy, describing its origin, progress, and improvements, as a science. The report of the committee on license was ordered to lie over for consideration at the annual meeting. The committee on quackery made a report embracing some important questions, the consideration of which, was deferred to the annual meeting. Copies of the proceedings of the National Medical Association were received, and ordered to be distributed to the different District Societies. The new medical Organization of Mercer county, was duly acknowledged—its delegates received and censors appointed. Dr. Peirson, of Orange, reported a singular case of malformation in an infant, which recently came under his observation. He attended the mother in her accouchment, and after the completion of the labor was at a loss to decide upon the sex of the child without a more critical examination than is usual; just above the pubis was a protuberance of considerable size, in which terminated the ureters, the renal secretion was found dribbling through the two orifices, and a probe was readily passed into little pouches at the termination of the tubes, which were the only substitutes for a bladder; the external labiæ were thrown over upon the thighs, and the vagina

occluded by a partition just within its orifice. In other respects the child was perfectly formed and healthy; it was rendered fretful from the excoriation of the surrounding parts, occasioned by the constantly escaping urine. Dr. Phillips, of Hunterdon, reported a case somewhat similar.

The usual details of business were accomplished, and after dinner the society adjourned; eight of the delegates occupying the remainder of their time in visiting the New Jersey Lunatic Asylum.

GLOUCESTER COUNTY MEDICAL SOCIETY.

SEMI-ANNUAL MEETING.

The Society convened at Swedesboro', at 2 o'clock, P. M., October 25th, 1848. The meeting was called to order, the President in the chair. In the absence of the Secretary, Dr. George Wiley was appointed *pro tem.* The names of the absent members at the last meeting were called, and their excuses rendered and sustained.

Dr. Howell, in accordance with his appointment, read an Essay on *Asiatic Cholera.*

Dr. Fithian made a report upon the proceedings of the State Society at their annual meeting, and in the absence of the Delegate from this Society to the "American Medical Association," made some statements that were of interest to the Society.

The report of the Treasurer was received and approved—$20 being in his hands.

The attention of the Society having been called to the proposition before the State Society to return to the former system of appointing censors for the examination of candidates for license, after due deliberation it was

Resolved, That they prefer to retain the present system.

The roll was called for each member to make such statements upon the Epidemic and Endemic Diseases of the past year, as he might think interesting or important.

Delegates were appointed to the State Society for the ensuing

year, viz: Drs. J. C. Weatherby, George Wiley, B. P. Howell, and Joseph F. Garrison.

Also, a Delegate to the "American Medical Association," to be held at Boston, in May next. Dr. Charles Garrison was appointed.

Officers of the Society for the ensuing year were then elected, viz: *President*, Dr. J. Fithian; *Vice-President*, Dr. Charles Garrison; *Secretary*, Dr. Thomas J. Saunders; *Treasurer*, Dr. Joseph C. Weatherby.

Dr. Weatherby was appointed to deliver the next Address to the Society, at their annual meeting in May next. Society adjourned.

EXTRACTS FROM A PAPER ON CHOLERA, READ BEFORE THE GLOUCESTER COUNTY MEDICAL SOCIETY, OCTOBER 25, 1848.

By B. P. Howell, M. D.

Mr. President and Gentlemen:—In presenting myself before you in compliance with the usage of this Society, I know not that I can better fulfil the duty which by regular order has been assigned to me, than by inviting your attention to a topic which has again begun to elicit universal interest—I allude, of course, to the re-appearance, in Europe, of the Cholera.

Every transatlantic arrival brings with it the appalling intelligence of the slow but steady march of that fell destroyer, which merits, in a peculiar degree, the appellation, pestilence—a disease sui-generis, and not inaptly described by the celebrated Magendie, on the occasion of its first appearance in Europe, "as beginning where other diseases end, in death."

Whether the pestilential or Asiatic Cholera, be identical with that form of disease, a description of which dates back to a high antiquity, is a mooted question; and indeed, there is a difference of opinion among writers, whether the disease under consideration, be the same, only in a more malignant form, as that which has prevailed epidemically, at different periods, in certain parts of the Eastern hemisphere.

It is sufficient for our present purpose to know, however, that this particular type of the disease originated in, or rather made Jessore, a town near the centre of the great delta of the Ganges, its starting point, late in the Summer of 1817; radiating, as it were, from this focus, it spread itself over the adjoining provinces.

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It is foreign to my present purpose to enter upon a minute description of the symptoms attendant upon the invasion and attack of cholera, with which, of course, you are all perfectly familiar, but merely to bring into general view the more prominent characteristic phenomena, in order to elucidate my views of its pathology and treatment.

The principal theories advocated at present, to account for the morbid changes produced in this affection, are four, viz: First, that of a peculiar poison acting immediately upon, and producing disease of the blood, breaking it up, as it were, and separating it into its constituent parts. Secondly, that of passive congestion, superinduced by atony of the ventricles of the heart, causing stagnation of the blood in the veins, and producing the characteristic blueness and coldness of the surface, and, consequently, diminished power of absorption. Thirdly, the nervous theory, in which, in the language of Prof. Hodge, "there is a universal sedation of organic life manifested primarily in the capillary tissue, then in the larger vessels and heart, with a consequent passive congestion of an impure blood in the internal tissues, aggravating the sedative, and resisting the natural disposition to re-action; and that there is also a peculiar and morbid irritability of the cerebro-spinal nervous system, the apparatus of animal life." Fourthly, acute inflammation of the mucous surface of the alimentary canal. To my own mind, the post mortem investigations by Prof. Horner, are calculated to shed much light on this, (in many respects) obscure subject, and to corroborate the views of those who advocate the theory of inflammation.

That peculiar structure, which he so minutely describes as existing upon the mucous surface of the alimentary canal, and which he denominates the "*superficial venous layer*," embracing in its whole extent of mucous surface, a system of follicular pores, amounting to between forty and fifty millions, must surely bear a

prominent part in the morbid train of actions, known to be going on within the abdominal parieties of one laboring under this fearful malady; and may satisfactorily explain the source of that profuse internal perspiration, if I may use the term, which is exuded from the mucous surface of the bowels.

The very profuseness of this characteristic discharge, is prima facia evidence of irritation at least, accompanied by a greater or less degree of congestion of that important part of the vascular system, the portal circle, together with the heart and lungs; and comports with M. Gendrin's ideas of the early stage of this affection, which he defines as "a phlegmorrhagia" or "secretory irritation."

The phenomena in cholera all evince a decided centripetal tendency of the circulating fluid. The expression of collapse of the countenance; the sunken eye; the pinched and contracted expression of the visage, the cold, shrivelled, and blue appearance of the skin; præcordial oppression; the burning thirst, with cold tongue and breath; the small weak pulse, the difficult and laborious breathing; the articulation reduced to an almost inaudible whisper; the clogging of the action of the heart, manifested by the sense of weight and oppression, and the powerful efforts made by that organ (shown by auscultation) to overcome the torrent that is weighing it down.

That there is actual inflammation, is proved beyond a cavil, by the lesions of the mucous membrane, where the disease has been of sufficient duration to admit of the changes which are produced by the various terminations of inflammatory action. Although the system may, and no doubt frequently does labor under the influence of the proximate cause of this malady for some time, and the individual rest in fancied security, yet the powers of life to resist disease, may hold out no longer, but, in the twinkling of an eye, sink under the oppressive burthen.

When, however, the disease is more gradual in its career, but still proves fatal, not only redness and thickening, but ulceration and mortification of the mucous membrane is found to exist.

The flocculent appearances of the serous discharges are ascribed, by Prof. Horner, to a secretion of a fibrinous layer entirely analogous to that which occurs in croup, and of course, indicative

of a high grade of inflammatory action, broken up by the peristaltic action of the bowels, and but for which action, doubtless, would become a continuous coating to the internal surface of the intestinal canal. By some, the surface of the stomach has been seen lined with coagulating lymph. * * *

My attention was more particularly drawn to the soundness of the views given above, by a case which recently occurred in my own practice; and which in some particulars so strongly simulated the genuine malignant cholera, that I am induced to give a brief history of it; not only on account of the intrinsically interesting nature of the case, but because, also, of the means adopted to arrest the disease, and which proved successful.

I was called at 10 o'clock, P. M., on the 26th of August, to visit Mrs. R. P. residing in Westville, in this county, who, for nearly two years past has labored under phthisis pulmonalis, she was very much emaciated, and almost entirely confined during that period, to her house. On this occasion I found her laboring under all the symptoms of cholera morbus; great oppression at the præcordia, constant vomiting, and purging of watery fluid, and severe cramps of the lower extremities. A dose or two of cretacious mixture afforded temporary relief; all other remedies administered were attended with no better success; she had suffered from diarrhœa and nausea for nearly twenty-four hours preceding my first visit. From her previously debilitated condition, and from the severity of the present attack, I did not think she could live through the night. I remained with her, however, two hours, and hoped she might experience some relief from small portions of calomel and morphia, aided by fomentations and other revulsives. 27th, found her in pretty nearly the same condition. Spts: camphor and tinct: opii: combined—spts: ammonia: aromat: with solut: carb: sodæ were administered successively, and finally the sulphuric ether, when she intreated me to desist from further efforts.

28th, aggravation of all her symptoms. The discharges were involuntary: she became too much exhausted to eject the contents of her stomach; the pulse was scarcely perceptible; the thirst insatiable; the surface icy cold and bathed with moisture, though she herself experienced only the sensation of burning

heat. She could retain no drink of any kind, and as a substitute, to allay the thirst, she was occasionally allowed a small lump of ice.

Tuesday 29th, 10 o'clock—to my great surprise found her still living, but there was no amendment so far as I could discover, whatever. When hoping against hope, and as a dernier resort, with a view of allaying the extreme morbid sensibility of the stomach, I resolved to try the nitrate of silver, and accordiagly directed the following:

R. Nitratis Argenti 2 grs.
Aqua 1oz.
ft: solut:
Sig: 1dr.—q: h: Se:

which checked almost immediately the nausea, for she had ceased, from exhaustion, to vomit. The purging too was checked; the burning thirst allayed, and the skin began gradually to resume its natural temperature and feel.

The patient has since nearly recovered from the effects which such a shock must necessarily have produced on one, already laboring under a wasting disease.

It may be proper to add, that she has been seized on several occasions, of late, with severe spasmodic or convulsive action of nearly the entire muscular system, which repeated doses of morphine alone, of all the remedies tried, seem to afford any relief.

In reflecting upon this case, which approximated so nearly in some of the phenomena attending it, to cholera, that had it occurred during the prevalence of that disease, might justly have excited in the mind of her physician, a suspicion of its having been of *foreign extraction*, I have been led one step further than the advocates of the inflammatory theory, and would suggest that the cholera is not only a disease of an inflammatory action, but that it is of an erysipelatous character.

This idea is sustained, I think, (though we arrive at different conclusions) by the similar appearances presented in the post-mortem investigations of Prof. Horner, and in describing which, he remarks, "It remains for further researches to determine the uniformity of the vesicular eruption of cholera, as I have described; and also, to ascertain whether this is the specific disease

which gives rise to so terrible a train of symptoms; whether cholera is in fact a sort of inverted *small pox*, the location of which makes its ravages so fatal; and which, like the genuine variola, may be divided into discreet and confluent kind, and has its symptoms always modified by the extent of the surface attacked. The epidemic character of cholera, its independence of all meteorological conditions of the atmosphere, and moreover, its subjecting an entire community to its influence under some symptom or other, wherever it appears for the first time, show analogies with exanthematous disease, which go far in my mind to establish the opinion, that cholera is really what those vesicles tend to show, an inter exanthema itself." (See No. xxxii. Am. Journal of Medical Sciences.)

Erysipelas not unfrequently assumes an epidemic and malignant form, accompanied by a vascular excitement of a low typhoid kind, evincing great depression of vital energy. How much more clearly would those effects be manifested when invading the delicate mucous membrane, supplied so extensively with a vascular net-work, so closely connected with, and in point of fact a part of the portal circle, and so intimately associated with some of the chief vital organs.

Having enjoyed opportunities, as one of the resident physicians to the Philadelphia Alms House, of witnessing the disease under all its varied aspects, during its former prevalence, I will confine myself to an outline merely, of the mode of treating the disease, which I finally adopted at that time.

To check the premonitory symptoms, a strict adherence to a digestible unirritating regimen is all important; a pill composed of one or two grains of blue mass, with one grain of opium, to be repeated every two or three hours. The cretaceous julep, camphor and opium; perfect rest to be strictly enjoined; the clothing to be moderately warm; a broad belt of flannel to be worn over the abdomen; the application of some stimulating liniment or embrocation over the bowels.

Should more urgent symptoms supervene, such as nausea, vomiting, and purging, with cramps, acting upon the old medical adage "ubi irritatio ibi fluxus," I would strive to divert that flow towards the mucous surface, by abstracting a portion of the vital

current from the arm, giving a check to the centripetal impetus, producing relaxation and thereby equalizing the circulation, by which means, aided by counter irritants and dry warmth, applied to the surface, together with half a grain, or one grain of calomel, with a like quantity of opium, or as a substitute for the latter, the one sixth of a grain of morphia pro re nata. The gastro-enteritic irritation is checked; the functions of the liver and skin restored, the congestion of the lungs and portal circle overcome, and the mucous membrane relieved.

In those cases where the attack is sudden and overwhelming; cases in which the powers of the system seem to have exerted themselves with unwonted energy, having withstood the assaults of the morbid agent inch by inch as it were, until the citadel, the heart is assailed and overwhelmed in a moment, but little can be effected by human agency. The thinner portions of the blood are poured in torrents into the intestinal canal. The circulation becomes oppressed and languid—the skin cold, blue and shriveled, the flesh soft, inelastic, and doughy to the touch; the breathing difficult, the voice reduced to a whisper, the heart and lungs oppressed and engorged with thick, black, tarry blood, constituting the stage of collapse, and out of which few indeed, ever escape.

Should the cholera again visit our shores, of which there scarcely exists a doubt, and a case be presented to me for treatment, deriving a hint from the successful use of the nitrate of silver in the case narrated above, I should most assuredly repeat the trial of that powerful therapeutic agent, and should look with some confidence, if correct in the pathological view I have taken of this disease, for the same happy results from the internal use of this remedy, that is so often derived from its external application directly to the part affected, in erysipelas of the dermoid tissue.

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ORIGINAL COMMUNICATIONS.

A CASE OF PLACENTA PRAEVIA.

By A. D. Woodruff, M. D.

On the morning of May 26th, I was requested to visit Mrs. C. She stated that in about two weeks her full period of gestation would expire: that for a month past, she had occasionally slight hæmorrhages, and during that time had felt no movement of the child. About four hours previous to my seeing her, the flooding became very copious, but was unattended by pain. Upon examination, I found the os uteri dilated about two inches, and the placenta presenting. She was prostrated excessively, from the great loss of blood. I administered pulv. ergot. 1 scruple, which produced regular pain, and abated the hæmorrhage. I sent for my friend, Dr. Hendry, to see the case with me; we concluded to turn the child and deliver, but finding it impossible to introduce the hand into the uterus, I ruptured the placenta, and in a short time the fœtus escaped through the rupture in the first position of the vertex. It presented evidence of having been dead some time. The placenta soon followed, which, upon examination, I found had been ruptured about half an inch from the point of insertion of the cord. In three weeks the patient was attending to her usual domestic duties.

Haddonfield, 1848.

OVARIAN TUMOURS.

By J. B. Coleman, M. D.

Nearly two years since, I was called to Mrs. R., aged thirty eight, large frame, well developed and robust, the mother of six living, healthy children. She was a woman of more than ordinary intelligence, had been well educated, and had the ability to describe her case with the greatest clearness. The difficulty un-

der which she labored at my first visit, was an enlargement above and along Poupart's ligament, irregularly oval in form, fixed in its position, and reaching nearly from the superior spinous process of the illium to the symphisis pubis. The bladder and rectum were pressed upon, and irritated by the mass, while the uterus suffered partial prolapsus from the same cause. The account the patient gave of the first appearance of this tumour was, that at the time of her last labor, which took place a year and a half previously, the midwife in attendance, found, as he supposed, a fixed globular mass, before the head of the child, obstructing the passage. Dr. Meigs, of Philadelphia, was called to his assistance. During the passive state of the uterus, the tumour was thrust above the brim of the pelvis, pains came on, and the child was delivered. The patient said Dr. Meigs called it a protrusion of the bowel; something like a rupture, through which the bowels had got in advance of the head of the child.

Not seeing any anatomical relation between the moveable tumour she had described, and the enlargement under which she was suffering, and finding only such symptoms as would arise from mechanical pressure on the parts connected with this mass, I directed nothing more than one of Banning's supporters for the superincumbent viscera, deeming it light, well contrived, and a convenient apparatus for the purpose. As I was ignorant of the nature of the tumour, I did not drug the patient. A few months afterwards, pregnancy occurred, and at the end of the second month, abortion. As examination had proved, the ascent of the uterus, as I thought, impracticable, abortion was the expected result of impregnation. No further change took place for some time. The general health was tolerably good, and the menses regular. When she again became pregnant, which was about a year since, I expected the same result, for the tumour was still there, and increased somewhat in thickness; as the time passed, and the uterus found room for its development without unusual disturbance, and the period was near for the cavity of the pelvis to be relieved of the enlarging viscus, knowing the impossibility of delivery, should the womb expand to maturity above the tumour, I had determined to produce abortion by rupturing the membranes. At this critical period, the morbid mass was found as-

cending. It gradually assumed a spherical form of about six inches in diameter, and kept above the uterus during nearly the whole of the remainder of utero-gestation. The patient spoke of a peculiar pulling, straining sensation that seemed on one point, when the tumour was thrown farthest over on the left side. This point corresponded with the attachment of the broad ligament to the right side of the uterus. The motion of the tumour she described as free, rolling from side to side, without any perceptible connection with other parts than the one named, and that, as it were, by a long cord. Ten days previously to her delivery, which occurred at the full period, she was unable to walk, from a great soreness in the left hypochondrium. She passed this time in an easy chair, or on the bed, and whilst it continued, she could not feel the tumour; it had disappeared behind the womb, on the left side. Labor came on. No unusual symptom occurred, and in a few hours she was delivered of a large well formed living child. For some days afterwards the tumour could not be detected, but since it has assumed its globular form, and about the size it was during the last months of pregnancy; it floats about the abdomen attached to the uterus by its long pedicle.

Another case, the person, still living, was examined between four and five years since. A hard, irregular tumour extended from the right side to the left, in a line with the spinous processes of the ilia. The mass was hard and immoveable at its base, projecting and pendulous anteriorly, so much so that it rested far on the thighs, in a sitting posture, and gave an awkward fullness to the figure, which would have been very remarkable, had not full skirts concealed the anomaly. The uterus was not disturbed, menstruation was regular and easy. This case was so well marked, having begun in the region of the right ovarium, and progressed to its great size without irritating the bladder or alimentary canal, that I was studying it for an operation, should its increasing size have any effect upon her general health. Having informed the patient's mother of the nature of ovarian tumours, and the terrible difficulties occasioned by their existence, I was surprised, some time afterwards, to hear that she was married. Being called to her lately for gastritis, and on inquiring after the old tumour, she informed me that it had entirely disappeared previously to her

marriage, that its reduction in size was gradual, and that no unusual symptoms had marked the change. On examination, not a trace of it could be detected.

A third case was a woman, aged apparently about thirty, who was bought for dissection. She had died from some violent disease, perhaps a gastric affection, for there was a large denudation from a blister over the epigastrium. Her body was plump and fat. In this subject were the rudiments of an ovarium on the right side. At some period they had been distended by a fluid, and ruptured, for they now seemed more like the torn fragments of a bladder, than the proper structure of an ovary; and from the floating, partly absorbed, healthy looking membranes, still observed, there had been sufficient to surround a mass five or six inches in diameter. The left ovary was perfectly healthy, peritoneum sound, and no unusual fluid in the general cavity.

These cases show the developement of ovarian tumours, without material injury to the health of the individuals. The first case exhibits a small moveable mass, that is detected during labor, and mistaken for hernia of the vagina. Afterwards it is found adherent to the brim of the pelvis, of large size, and an apparent obstacle to the mechanism of uterine enlargement and parturition, it becomes detached, and by an elongation of its pedicle, it keeps above the ascending uterus, assumes a spherical form, and floats freely from side to side of the cavity of the abdomen, and finally, after an easy labor, disappears for a while, then grows to its full size, and remains a floating mass in the general cavity, attached by its ligament only, to the right side of the uterus. The second case proves, that a formidable enlargement of an ovarium may gradually disappear, without the smallest attempt at treatment. The third case is conclusive, that a fluid tumour may be ruptured, the liquid absorbed, and the sac restored to healthy tissue, without the peritoneum suffering from this series of phenomena. These cases are of some importonce in confirming the propriety of a practice, that, in obscure pathology, trusts much to nature, and but little to medicine.

Trenton, Dec. 1848.

REMARKS ON THE PROPHYLACTIC TREATMENT OF CEREBRAL CONGESTION.

By the Editor.

At the present period of medical history, there are no diseases more obscure in their pathology, and hence, none in which the diagnosis is more difficult, than the various forms of cerebral inflammation. The situation of the brain, encased as it is, within a solid bony structure, taken together with its multiform divisions, the variety of its functions, and the many sympathetic disorders to which it is liable, sufficiently explains the cause of this obscurity. With brain diseases we cannot command the aid of physical signs, we must rest altogether upon the evidence of pathological symptoms, which may be developed in the general system, and it is only by a course of comparison between these pathological signs, and the physiological condition of the economy, that we can judge correctly; while even these inductive symptoms must vary greatly in different persons, according to habits of life, constitutional peculiarities, &c. When it is considered that there is no organ in the body, so important as that which is the means of our intellectual enjoyment, and the medium of intelligent intercourse with the external world, it is of the greatest importance to ward off disease if possible; for where this organ is assailed, all that is calculated to make man useful to others and happy in himself, is exposed to danger; this fact, in connection with the incurable nature of the different forms of cerebral congestion, naturally leads to inquiry as to the best method of preventing their approach. It is much to be feared that mistakes are often made, even by competent physicians, with patients suffering from cerebral disease, by attributing their symptoms to gastric disorder; neglecting the real malady by prescribing for sympathetic affections which so nearly assimilate in their manifestations the diseases of the brain. A case of this kind recently came under my care. A gentleman in passing through Philadelphia, on his way home, was taken after dinner with oppressive vertigo, experiencing some weariness of the limbs, and a general sense of apathy. He sent for one of the most distinguished physicians of the city,

who administered a full dose of castor oil, as all that his case seemed to require. The vertigo was attributed very naturally to the indigestible meal which had been taken, and the sluggishness of the system, to fatigue, occasioned by travelling. Two days afterwards the patient came under my care; I found him of sanguine temperament, florid complexion, with full muscular developement. His pulse was eighty, rather full than otherwise, with a very slight fur upon his tongue. He complained of dulness in the head, a sense of fulness and dizziness when he attempted to rise in bed, with a general feeling of weariness, and indisposition to exercise. I was told the opinion of his former physician, and was led to confirm it, on account of the absence of pain, or any other very decided symptoms of cerebral excitement, and directed a mustard foot-bath, and a blue pill at bed-time, to be followed in the morning by a simple cathartic of magnesia and rhubarb. The medicine acted kindly, but the symptoms continued the same. There was but little abatement of the vertigo for several days, and as free catharsis had been produced, and the patient kept on a low diet, without improvement, the suspicion was aroused that the symptoms had not their origin in the stomach. Upon inquiry into the history of the patient, I learned that from early life he had been subject to vertigo, and on two occasions had been affected with partial paralysis of the tongue, and one or more fingers. The case having assumed a graver character, the course of treatment was modified, to meet the indications which seemed now to present themselves. Leeches were applied to the temples, and over the base of the brain, and a succession of blisters at the nape of the neck, and behind the ears, kept discharging during the acute stage of the attack. The tongue became after a few days, somewhat swelled, and perfectly white, with slight acidity in the taste. Tinnitus aurium annoyed him much, with a sensation of burning in the internal ear. Powders of blue mass and prepared chalk, in doses of five grs. of the former to eight of the latter, were given at intervals pro re nata, and followed by saline draughts, so as to secure two or three copious evacuations daily. The diet was restricted to biscuit and Indian gruel, and the drainage by the bowels and head continued. The patient was possessed of one constitutional peculiarity, which is but seldom met with:

he scarcely ever had any sensible perspiration; even in hot weather he seldom perspired, except under unusual exercise. The urinary secretion was also somewhat deficient in quantity; it hence became an object of importance to establish the thenormal action of the kidneys and skin, and with this view, a solution of nitrate of potassa, (two drachms to six ounces of water) was given in table spoonful doses every three hours, with the effect of restoring an abundant urinary secretion, and producing slight diaphoresis. Under this treatment the patient recovered in three weeks, and was directed to pursue a course of living strictly temperate, avoiding excesses, either of mind or body, and with the constant drain sustained by a seton in the nape of the neck, it is believed, he will be able to pursue his active duties, requiring as they do, considerable mental effort, without the fear of falling at any moment, a victim to fatal apoplexy. The absence of pain in this case, and of other symptoms, except such as attend ordinary derangement of the stomach, might readily deceive the most acute physician, without a critical inquiry into the history and mode of life of the patient.

A case is now under treatment where the symptoms are more strongly developed, and in which there can be no obscurity as to diognosis; and yet, a few months ago the same person was treated for gastric disease as the primary malady. This patient is a female, aged 29, of sanguine habit, weighing one hundred and sixty lbs. She has increased in weight forty pounds, within a few years; is an active housewife, and has never been accustomed to much out-door exercise. In early life she was subject to frequent attacks of sickheadache, and was under the care of an old and experienced practitioner, who treated her for "liver complaint." Subsequently, she became subject to violent hemicrania, and took freely of quinine and valerian, without benefit. Within the last year, the attacks have increased in frequency and severity, commencing sometimes in the forehead, but more frequently on the left side, or in the left eye, from whence the pain rapidly spreads over the whole head, and is so violent as to cause the patient to scream from the intensity of her sufferings, and is accompanied by the general symptoms of active determination to the brain; as throbbing of the temporal arteries, optical illusions, unnatural irritability of the nervous system, sluggish intellect, depression of spirits, and during the

violence of the paroxysms, slight spasmodic contractions of the digital muscles. In this case also, both topical and general depletion were resorted to with advantage, and counter irritation to the nape of the neck, the patient was directed to confine herself to a regulated diet, and to exercise freely in the open air. These two cases are mentioned to illustrate the importance of forming correct diagnosis in the commencement of the treatment. The symptoms of the first, were indicative of at least, passive congestion, while those of active determination characterized the last; and while neither would have been remedied by treatment applied to the stomach alone, both were thus treated by able and distinguished physicians. It is therefore a question of great practical importance to discriminate between the symptoms which mark the several conditions of cerebral disorders, as well as those which distinguish them from diseases dependent upon gastric, intestinal or nervous derangement, in order that we may judiciously apply our therapeutical knowledge. We may have active congestion of the brain, from determination of arterial blood in profuse quantity, or we may have pressure from serous effusion, or congestion from debility, from mere want of nervous energy in sufficient degree to distribute the vital current in due proportion to different parts of the system, or, as is often witnessed in children particularly, an increase of either arterial or serous fluid into the cerebral cavities, or between the membranes, may occur from mere irritation. The foregoing observations are thrown out, simply with the view of exciting more vigilance in such cases as have been described, as the consequences resulting from a want of it, may sometimes prove greatly hazardous to those who commit themselves to our care.

Burlington, 1848.

BIBLIOGRAPHICAL NOTICES.

A Treatise on Etherization in Childbirth, illustrated by five hundred and eighty-one cases. By WALTER CHANNING, M. D. *Professor of Midwifery and Medical Jurisprudence in the University at Cambridge.* Boston. William D. Ticknor and Co. 1848.

This is a neat volume of 400 pages. We take pleasure in introducing it to our readers, as it appears to us to contain a candid statement of facts, which have been accumulated by its author from various physicians in Boston and elsewhere. The principal objection urged by those who oppose etherization in childbirth, is fairly considered. The *safety* of the practice is established beyond controversy. The special, physical, moral, and intellectual effects are detailed in the report of the several cases; and near the close of the work they are arranged in tabular form, with considerable accuracy. The first table contains the returns of 516 cases; all these are classed under the head of natural labor. This table "contains test cases of etherization, inasmuch as cases of great difficulty and of long continuance are embraced in it. This is stated, in order that, if any comparison is made of the cases in this table with an equal number in which etherization has not been employed, its whole agency may be known, and entire justice rendered.

"It may, nevertheless, be asked, if ether was not, in fact, used in favorable cases,—in those in which labor would have been easily and rapidly completed without it. I think not. As far as my inquiries have reached, I learn that it has been often because of the severity of the case that the remedy for pain has been used, because patients have demanded it with an emphasis which could not be resisted; and that in many cases, and in the practice of some physicians, it has only been used when such demand has been made. In almost the very last case of natural labor which I have recorded, the patient said, before labor occurred, she would on no account use etherization. Still, in the extremity of pain, she called for it with an urgency which I do not remember to have seen paralleled. Upon entering the house, almost the first word I heard was, "ether!" Cases have not been selected by the phy-

sician. On the contrary, they have *selected themselves*, or have so obviously suggested etherization, that it has been employed. In the practice of some physicians, as appears in the tables, etherization has been rarely employed. By others it has been often used; surely often enough to prove how perfect and how well placed has been confidence in its safety and utility.

"In these tables, I have admitted those cases only in which etherization was more or less perfectly induced. I have excluded the puerperal state; for, except in three cases in which puerperal fever followed chloroform, nothing untoward has happened. In one of these, the fever occurred thirty-six hours after delivery, when the patient was apparently doing perfectly well, and in immediate connection with the operation of a very active cathartic. In the other cases, the fever was noticed the second and third day after delivery, and under circumstances which excluded the idea of any connection whatever between it and etherization. At about the same time these cases happened, others of the same and of other diseases occurred, during labor or afterwards, in which neither chloroform nor ether had been employed at all."

In all these cases, which embrace the various complications that are constantly occurring in obstetric practice, except such as require manual or instrumental aid, there is not a single one reported in which the mother did not do well. The other tables show the result of experience in fifty-one cases of unnatural, complicated and instrumental labours, embracing those which required the use of forceps, and operations of craniotomy, labors complicated by convulsions, hemorrhage both accidental and unavoidable; twins, and presentations of breech and upper extremity. The analysis of these tables gives four deaths in fifty-one labours; a result, considering the dangerous complications, and the extreme hazard to which the patients are exposed, that is less than might be expected, and it is believed less than would have occurred had not ether been employed: thus proving not only the safety, but the absolute utility of the agent. The physiological, moral, and religious objections, which have been urged against the use of ether, are also fairly considered, and in our opinion fairly answered.

The application of this remedy of pain, to ordinary diseases accompanied by spasm, is taken up and cases given. It has been used even in phthisis, to relieve the distressing dyspnœa and anguish of the last stages. In tetanus also, and other spasmodic disorders, in puerperal convulsions, cholera, and typhoid fever accompanied with spasms: these cases are detailed in the Appen-

dix, which constitutes a very valuable portion of the work. The book should be in the hands of all who take an interest in the progress of etherization.

Introductory Lecture to the Course of Clinical Instruction in Surgery, at the Pennsylvania Hospital. Delivered November 1st, 1848, By George W. Norris, M. D., one of the Surgeons of that Institution.

In the multiplicity of Introductory Lectures, received by editors, it is not possible to give them more than a passing notice; but in the one before us, we feel bound to depart from this rule, in order to convey to our readers the just and humane sentiments uttered by Dr. Norris on this occasion.

If there is any thing calculated to degrade our profession, it is the disregard which is sometimes manifested by eminent members of it, for the feelings and lives of those placed under their care, especially if they are in the humble walks of life, and deprived of the succour of friends. Patients in public institutions are often of this class; they are thrown entirely upon the charities of those placed in charge of them, and unfortunately, the feelings of these are sometimes so blunted by contact with suffering, that their hearts become callous to the cries of distress. The *man* is forgotten in the *patient*, and the nurse or the physician goes his accustomed rounds, and performs his professional duties as though he was operating on machines. This state of feeling is happily by no means prevalent in the hospitals of this country, though it is said to prevail to a distressing extent in some institutions abroad. It is to be feared however, that abuses have crept into our systems of clinical teaching, which render the caution of Dr. Norris timely and appropriate. In speaking of the practice of the Pennsylvania Hospital, the lecturer remarks,

"For the means of Clinical Instruction, no institution in the country surpasses this hospital, and none has more largely contributed than it has done to the diffusion of sound professional experience.

"Up to the period of its foundation, no college of medicine existed in this country, and the hospital, under the care of some of the first medical men of the period, soon attracted a number of

students by the lectures—the first delivered in the country—of her physicians. Among these may be mentioned the names of Bond, Shippen and Morgan; and in later times, Rush, Wistar, Physick, Dorsey, Parrish, Otto and Randolph, were among those who energetically continued the plan of teaching introduced by them.

"Our managers are not, as has been asserted, backward in giving opportuniiy for medical instruction, but have invariably countenanced and aided it, when conducted in a proper spirit and without injury to the feelings and frames of the numerous depenents on their bounty.

"So far as you are concerned, I am sure, this proper spirit will be observed, and I will here take the liberty of asking from you, gentlemen, that all marks of applause or of disapprobation may in this theatre be avoided. When you consider that you are here at all times surrounded by the suffering—that there are always in the apartments immediately adjoining us, and within the sound of your voices, some who might be disturbed by noise, and that the ignorance of others who are not suffering, might induce a fear that they are to be brought before you to exhibit their infirmities merely as for a theatrical exhibition, I feel confident that this request need but to be mentioned by me, in order to secure your observance of it. Our profession is eminently a humane one, and humanity to the poor and friendless who are here thrown upon us for support and assistance, is shown perhaps more strongly by some sympathy for their sufferings, and the avoidance of every thing which may induce them to believe that those sufferings or their feelings are sported with, than in any other manner."

The desire for witnessing brilliant operations, so general among students, and the undue importance attributed by some surgical writers and teachers to operative surgery, are justly rebuked by Dr. Norris. His remarks upon this head are so judicious and well timed, that we cannot forbear giving our readers the benefit of at least a portion of them.

"I have long thought, gentlemen, that a crying and increasing defect in the teaching of the present day, is a neglect of the principles of surgery. Beginners in the study of our science, naturally enough become weary of the detail of principles, and when opportunities offer, love to wander off to witness operations. These, when determined upon with judgment, while they distract the mind from tiresome rules, instruct in what is certainly a highly important part of the profession, and to a wholesome degree should be encouraged; but important and dazzling as the calmness of mind and ability to perform them well, may be, it is to be remembered that their acquisition is the least part of a surgeon's education, and a necessity for their performance the opprobrium of our

science. To understand the nature of the affections in which operations are demanded, and to distinguish accurately these from such as are remediable by medical means, to determine the moment when the knife should be resorted to, and under what circumstances it is to be withheld, to know precisely what should be done before an operation, and the best course of treatment after it, are the great and difficult points to which attention should at all times be principally directed. Operative surgery, much as it should be valued, is, when compared to these, of only secondary importance; and incessantly to dwell upon it and magnify its results and consequence, is again to degrade our science to the rank which in former times it held, when connected with the barbers.

"Within the last half century, operative surgery has very much diminished, and will be still more so as our science advances.

"The cultivation of morbid anatomy and pathology, which has within the period mentioned, been followed with an ardor previously unknown, by indicating better methods of treatment, as well as by exposing the constitutional origin of what were before regarded as purely local diseases, and by pointing out the grave affections of the general system which so frequently supervene on diseases which in their origin are purely local, has greatly diminished the number of really necessary operations, and I think it would be to the benefit of the student, as well as more honorable to our profession, if instead of dwelling so much upon operative procedures, teachers would more constantly direct the attention of their pupils to the attainment of this really useful knowledge. Ulcers and diseased joints, classes of diseases in which amputation was formally so common, are now by improved methods of treatment in the great majority of cases, cured, without resort to operative means. Castration, which in former days was so common an operation in chronic diseases of the testis, is now rarely done—so rarely, that in this hospital, with which I have been connected for fifteen years, and in which many such affections are treated, I have never seen it once performed here. The application of the trephine, too, at one period so frequent, is now rarely resorted to, and within a very short time, the treatment of aneurisms by pressure has been so improved upon by an accurate study of the process employed by nature in her spontaneous cures of that disease, and such an adaptation of the treatment as to imitate her, that there is good reason to hope that in the extremities at least, another bloody operation will be henceforth in many cases deemed unnecessary.

"Students are very apt to take up the false notion that it is by operations that a great and lasting surgical reputation is to be attained. Nothing is further from truth. Consult the history of surgery, and you will find that those who have been most distinguished for their daring and the frequent use of the knife, are hardly remembered, while such as have studied and taught the

princip'es of the science, are constantly noticed and referred to. The mere operative part of surgery may be acquired without the study of principles, and has often been possessed in an eminent degree without even anatomical knowledge. I have somewhere seen it stated, that one of the most celebrated performers of the Cæsarean operation that ever lived, was an ignorant old woman, and Dr. Madden, in his pleasant book of travels in the east, describes an old and uninstructed boatman, whom he met with on the river Jordan, who acted in the capacity of lithitomist to that region of country, and was remarkable for his expertness and success. The greatest surgeon that England has ever had, is, unquestionably, John Hunter—his name is classical, and you all have already, doubtless, become acquainted with it, but which of you ever heard of John Hunter, as an operator. Of the mode of performing operations, Mr. Hunter has written but little. 'Surgery,' says he in one of his lectures, 'consists, in my opinion, in the curing of a disease, rather than in the removal of it by mechanical means. But generally, so differently is it thought, that the surgeon who gives most pain, and performs most operations, is now-a-days thought the most of.'

"It was not by the knife that he obtained distinction, but by his investigation of diseases, and his expounding the principles of our science, and in a word, by his study of medical surgery. The greatest surgeon our own country has produced, was his pupil—Dr. Physick. I have been assured that he was great as an operator, though many of his own day fully equalled him—but it is not in this way that Physick's claims to distinction can be upheld. It was by mastering the principles of his preceptor, and transplanting them to his native clime—by insisting upon them in all his teachings, demonstrating them to his students—adopting them in his practice—and thus avoiding the performance of rash operations, or such as were not really necessary, that his name was carried, and is now revered by every admirer of surgery, from one extreme of our continent to the other.

"In a biographical notice of the late Mr. Liston it is asserted, that he observed to a friend some years previously to his decease, that 'his principal avocation now was to prevent others from operating,' a remarkable observation to come from one whose reputation was thought chiefly to rest on his skill as an operator, and one going to show that after all the vast experience which he had had, how much more he prized the reputation of a philosophic surgeon, and the preserver or limbs and joints, than that of the mere knife-man.

"Operations are ever the last resort of the true surgeon, and though it is necessary to become acquainted with the proper and best mode of performing them—still let me urge you in an especial manner to study the principles upon which they are founded, and the medical treatment of surgical affections which may do

away with their necessity, and when they are done, to give as much attention to the treatment adopted before, and after their performance, as to the operation itself, and to mark carefully their results. From these remarks, do not suppose, gentlemen, that I would have you think operations are never necessary, or slight operative surgery—it is an useful and necessary study, and a competent knowledge of the mode of doing them well is a matter of much importance. All this and much more I would urge upon you. But I believe that too many of the teachers and writers of the present day, exaggerate the benefits to be derived from operations, and that too often an impression is given to students by the frequency with which they are sought after, and brought before their notice—that the whole or the greater part of a surgeon's duties consist in an attention to them. I will again repeat that they are the smallest and least important of all his duties, and when you go abroad into the world to practice for yourselves, you can judge whether or not the statement is a correct one. The practitioner who has the knowledge which enables him to decide when they are necessary, and when they are to be avoided, is every where and by all competent persons, justly looked to as the best surgeon."

We have quoted thus largely from this admirable lecture, from a fear that its circulation will be limited to the immediate friends of the author, while we believe that the sentiments which it contains should be widely diffused.

Transactions of the American Medical Association, Vol. I. 1848. pp. 403, 8vo. Philadelphia.

It is with no small degree of satisfaction that we have perused this interesting volume. Apart from the inherent interest which it possesses as a repository of valuable information, gathered up by the industry and judgment of the several committees, appointed to report on the different branches of medical science, we have regarded it as a sort of corner-stone to a great national monument, which is to be reared by the future labors of American physicians. For, however elevated may be the position of our country among the nations of the earth, for its natural advantages and its admirable civil institutions, it has not yet assumed its proper place in the great world of science. It is true that we have all the elements of distinction among us; such as active intelligence, ample

facilities of acquiring knowledge, plenty of teachers, and schools, and hospitals, besides many men of brilliant genius, of profound sagacity, and of laborious research, who have adorned our medical annals, and who are still actively engaged in the same good work.

But these facts are known only to ourselves; we have been as it were isolated from the rest of the medical world, and have perhaps been regarded by our brethren abroad, as following in their wake: we have indeed been too apt to consider ourselves in this light, and to think that what originates among us is too humble to receive notice, unless perchance, it is endorsed by some great names in France, England, or Germany, or comes to us served up in a foreign tongue, without an acknowledgement of its paternity.

We look therefore, upon the institution of the American Medical Association, as the commencement of a new era in our medical history, both as it relates to the development and concentration of much unoccupied and hidden talent, which will find a channel through it, and its auxiliaries, and as it concerns our character abroad.

Through its influence we shall build up a national medical literature; and American medicine will furnish its quota to the great stock of knowledge, which is constantly accumulating from the different portions of the world.

The volume before us contains a faithful record of the proceedings of the association, together with the various reports and documents read therein. We shall not attempt an analysis of its contents, supposing that our readers will all possess themselves of the work, and make their own examination. We cannot forbear however, a brief notice of the several reports, more especially of those which are strictly medical, and which contain important practical information.

The first in order, is the *Report of the Committee on Medical Sciences, Dr. Wragg, Chairman.*

This is an excellent summary of the progress of this department, within the past year. Under the several heads of anatomy, physiology, hygiene, general pathology, therapeutics, and medical jurisprudence, the committee have brought together much valuable matter, collected from the Medical Journals of the United States, evincing zeal and industry on the part of American physi-

cians, in their inquiries in these departments, and bringing to light many novel facts and suggestions.

Among the latter we notice some curious facts, in regard to the doses, and therapeutic effects of quinine, and the circumstances under which it may be given.

Several respectable authorities are quoted, as favourable to large doses of this medicine in the *hot stage of remittent fevers*. It is believed by many physicians to diminish the force, and to shorten the period of this class of fevers, with as much effect as it is known to do in intermittents. The dose varies according to the views of the practitioner, and by some is given in (to us) frightful quantities. From five to ten grains every hour, until the peculiar effects of the medicine are manifest, is considered a very moderate dose; while from twenty to twenty-five grains, repeated at intervals of four or six hours, is very common. An Alabama physician told Prof. Dickson, a member of the committee, that he had given thirty grains every hour, for seventeen hours in succession! Whether the patient survived or not, is not stated. We have heard authentically of a western physician, says the same gentleman, who gave an ounce in one night, to a patient with bilious fever; and "from thirty to fifty grains are spoken of as a familiar dose; and even one hundred grains are occasionally given with safety and striking success."

Dr. Fee, of Leatherwood, considers quinine, First, as a tonic, in doses of one or two grains, three or four times a day; Second, as anti-periodic, which effects it produces in two ways, by giving tone to the nervous system, and thus preventing the return of nervous irritation; and by its sedative and quieting influence keeping down nervous irritation till the paroxysmal time passes. The first it effects in one and two grain doses; the last in fifteen or twenty grain doses. Third, sedative, in fifteen or twenty grain doses, this effect being promoted by the addition of morphine. Fourth, anti-congestive; an effect produced in two ways; in small doses when the congestion is owing to a weakened state of the system, and with lack of nervous energy—in mammoth doses when the nervous energy is normal, but the nerves too irritable. Fifth, narcotic; in virtue of which power, it produces ringing of

the ears, blindness, deafness, &c., for the nervous energy of the heart being lessened, less blood is sent to the brain."

Dr. R. S. Holmes says, in the Southern Med. and Surg. Journal, for Feb. 1847, "The largest amount of quinine I have ever given at one dose is eighty grains. This is the extreme dose, the average quantity is about twenty grains."

In view of the varied properties ascribed to this medicine, and of the enormous doses in which it is administered by some practitioners in the South and West, as evinced by the above extracts, it is evident that medical opinion is at this time vague and unsettled in reference to its action and effects. That it will produce mischief and even death, when given in extreme doses, all will admit, but to what extent, and under what circumstances it may be employed with safety, is still unsettled. The question of what is a poisonous dose of quinine? is briefly discussed in the report, but without arriving at any satisfactory conclusion. The committee remark, "In all that has been cited, it will be vain to seek for any positively poisonous dose of quinine. The medicine possesses such properties, but not any definite quantity of it, so far as we yet know."

Did our space permit, we would gladly notice other subjects embraced in this valuable report, but must pass on to that next in order, viz:

Report of the Committee on Practical Medicine, Dr. Joseph M. Smith, of New York, Chairman.

This is a well written and valuable paper, devoted chiefly to the discussion of the question of epidemics, and of their progress in the United States. Epidemics are regarded as arising from contagion, infection, and meteoration. Those which have attracted general attention within the year, are of the infectious and contagious character. Among the former, scarlet fever, measles, and small-pox, are referred to, and in this connection a valuable statistical table is presented, of the annual mortality from these diseases in the city of New York, from 1805 to the end of the year 1847, together with a brief history of their course, and periodical visitations. The singular fact is stated, that while the exanthemata were infrequent in New York, the yellow fever prevailed epidemically several times, and the fear of its annual visitation

was never absent from the public mind: whereas, "since 1822, or since the exanthemata have been prevalent, the yellow fever has not been epidemic north of Charleston." Dr. Smith does not assert, that this principle regulates the succession of epidemics in other localities; but why it should not operate as well in New Orleans as in New York, we cannot comprehend.

Among the infectious epidemics the committee class yellow fever, and present a brief sketch of the rise and progress of this malady in several of the Southern cities, where it has prevailed within the past year. In reference to the treatment of the disease, an interesting fact is mentioned on the authority of Dr. Harrison, of New Orleans. After stating that the epidemic of 1847, did not differ from others he had witnessed, Dr. H. remarks, "except in this, sulph: quinine was more liberally used than formerly, and generally with the best results, according to the information I have been able to obtain from those in whom I have confidence."

The next form of infectious disorder which claims the attention of the committee, is typhus or ship fever, as it has prevailed in the year 1847, in the Atlantic cities of the northeastern and middle states.

The residence of Dr. Smith in the commercial emporium of the Union, and the ample facilities which he has thereby enjoyed for the study of this disease, together with the marked ability and industry which he has displayed in cultivating so extended a field of observation, give to this part of the report a value and importance, and we may perhaps say, an authority, which is not often secured for papers of this character.

The reporter here, is not only the recorder of the observations of others, but becomes himself the observer and the judge; he enters into the field of research, and collects the materials with his own hands, upon which he builds important conclusions upon controverted points. The mooted question of the identity of typhus and typhoid fevers is discussed in a spirit of philosophical research, and with a degree of candour calculated to win the confidence of the reader, in the accuracy of Dr. Smith's observations and conclusions, and will, we think, go far in influencing medical opinion upon this question.

To give some idea of the extent to which this disease prevailed among the emigrants who arrived at the port of New York, it is stated, that in the year 1847, there were admitted into the Marine Hospital, on Staten Island, alone, 2229 cases of typhus, of which 457 died, besides 3020 cases registered as remittent and typhus remittent, many of which latter, Dr. S. is disposed to believe were of the same character. In the New York Hospital, "the number of typhus fever cases treated during the year, was 1034; very many of them cases of the severest form of the disease, and demanding far more than ordinary assistance of physicians and nurses. Of this number 136, or a little more than thirteen in the hundred, have died."

In considering the question of the identity, or non-identity of typhus and typhoid fevers, the committee express their inability to distinguish the existence of two such diseases in nature; whether viewed in relation to the causes of production, symptoms, or the alterations discovered after death.

The phenomena relied on by the advocates of the specific character of typhoid fever, as distinguishing it, such as rose-colored spots on the anterior part of the abdomen and chest, gurgling in the right iliac region, tenderness of the abdomen, diarrhœa, meteorism, enlargement of the spleen, and epistaxis, are declared to be present in cases of unequivocal typhus, originating in crowded emigrant ships, and to present the same varieties as in the form of disease called typhoid. This fact is stated upon the authority of Dr. Smith, who states that he has treated many such cases, as one of the physicians of the New York Hospital. In regard to the grouping of these symptoms in the same case, being a ground of distinction between the two diseases, Dr. Smith contends that such a means of distinction is fallacious.

Inasmuch as more reliance should be placed "upon the uniform constitutional phenomena, as manifested in the morbid condition of the nervous, vascular, and secretory organs, than upon those phenomena which are local and contingent. The former are esteemed the efficient, and the latter the accessory means of diagnosis."

These merely indicate modifications of the disease, and not a specific difference in its nature.

Various arguments are presented to fortify this view, and the conclusion is arrived at by the committee, "that the morbid phenomena (of the two diseases) are so correspondent in the sensorial, vascular, and other functions, and are so similarly catenated or related to one another, from their accession to their termination, that the attempt to sort or group them, so as to make them express two different diseases, is a labor, which it appears to us, must fail to show any distinction which is found in nature, and cognizable by practical minds."

Without denying the position here assumed, in a limited sense, we must be permitted to doubt the propriety of assuming such a latitude of generalization as is here contended for, when applied to diseases generally. We believe that the *degree* and *duration* of an attack of fever, or the modifications which it may assume under particular circumstances of temperament, climate, epidemic influence, &c. may give to it such a character as to justify its classification under a distinct name, expressive of its modified form. The etiology of the two varieties may be the same, the "morbid condition of the nervous, vascular, and secretory organs," may occur in the same order, but the *degree* in which they are involved may so far change the character of the symptoms, as to render it necessary to give them a distinct designation.

In other words, the modifications of diseases may so far modify their specific character, as to render them distinct affections.

To illustrate this position by an example, the autumnal fevers of malarial origin, originate from the same general causes, and are in one sense modifications of each other; and yet they vary so strikingly in their type and degree, or in the language of the committee, "in those phenomena which are local and contingent," as to give them different appellations, indicative of their distinctive characters. Nor are these distinctions unimportant, as different modes of treatment are based upon them, and the practical physician regards their diagnosis as a matter of great importance. Applying this principle to typhus, we can see an advantage in classing the milder forms of this disease, under the head of typhoid, or the old term of typhus mitior; while the severer forms are known by the prefix of *malignant;* these terms designating the degree of violence or duration of the attack, without involving those who

use them, in an acknowledgment of all that has been written by Louis and other modern pathologists, concerning the specific disease which they call typhoid. It has always seemed to us that the importance attached to ulceration of the glands of Peyer and Brunner, by Louis and his disciples, as indicating the specific character of typhoid fever, was overrated; and we agree with the committee, that the attempt to establish a distinct disease upon this basis, has failed.

We would commend to our readers who may be troubled upon this question, this part of the report of Dr. Smith, as presenting a clear exposition of the subject, fortified by a strong array of facts, which we think the advocates for the peculiar and essential anatomical character of typhoid fever, will find it difficult to controvert.

After reviewing the opinions of some of the most eminent British observers on this point, Dr. Smith gives us the result of the examinations of a large number of cases in the New York Hospitals, during the recent epidemic, which he deems sufficient, apart from all other testimony, to establish the identity of the two diseases. Without following him through these details, it may be sufficient to state that those engaged in the investigation, seem to be agreed in this opinion, among whom are our friends, Drs. Sweet and Griscom, both accurate and trusty observers, and the former we believe, an ardent admirer and once a disciple of the celebrated Louis.

For ourselves, we have no doubt, that the pathological appearances, like the symptoms of the different forms of typhus, will be found to vary. In the more violent and malignant form of the disease, where death occurs in from three to five days, no structural lesions are formed, because there is no time for such changes to occur, while in the milder and protracted forms of adynamic fever, occurring during the same epidemic, we may find the ulcerations upon which so much stress has been laid.

The same fact, we imagine, will be observed in other forms of fever, structural alterations in important organs being the secondary effects, and not the cause of these maladies, and their *degree* and *duration*, influencing in a great degree, the post-mortem appearances.

Appended to the report of the committee on Practical Medicine, is an interesting paper on Ædematous Laryngitis, by Dr. Gurdon Buck, one of the surgeons of the New York Hospital, with a description of several cases of this rare disease, which were successfully treated by scarifications of the glottis and epiglottis. The paper is illustrated by well executed drawings, which add greatly to its interest, and is a valuable contribution to our knowledge upon the subject of which it treats.

Report of the Committee on Surgery. Dr. George W. Norris. Chairman.

The tone of this document is discreet and elevated; improvements in the methods of treating surgical diseases, and the desire to avoid mutilating operations, are regarded as evidences of substantial progress in surgery, rather than the multiplication of brilliant operations, the invention of a variety of mechanical contrivances, or the numerous slight modifications in the modes of operating, with which the Medical Journals abound.

The relative merits of lithotomy and lithotrity, claimed the attention of the committee, but they failed in procuring a sufficient number of facts from American surgeons, to enable them to give to it as full a discussion as was desired.

They have, however, presented a mass of facts upon this subject, more especially with reference to the results of the cutting operation, by American surgeons, which forms an exceedingly valuable addition to the statistics upon this subject. Among these is a tabular statement of all the patients cut at the Pennsylvania Hospital, from its foundation in 1752, to the first of May, 1848, with their results. In reference to the success of the operation of lithotripsy, in America, the committee had hoped to embody much valuable information, but the lamented death of one of their colleagues, Dr. Randolph, upon whose aid they mainly relied for this purpose, frustrated the design.

The cure of aneurism by compression, is next noticed, and all the cases from American sources, which the committee were enabled to collect, are reported.

Various subjects brought to the notice of the committee by answers to a circular which they issued, are also briefly reported.

A section of the report treats of anæsthetic agents, and presents

a brief history of the introduction of ether and chloroform into practice; with the results of the experience of American surgeons in their use, so far as the committee could collect them. This array of testimony in their favor is certainly strong, although not sufficiently decided to induce the committee unanimously to recommend them.

The judicious Chairman, Dr. Norris, is understood to be still opposed to anæsthetics, though it appears that he has presented no obstacle to laying before the profession the facts collected by his colleagues, in order that each reader may judge for himself, from the evidence presented.

Appended to this part of the report, is an elaborate and highly interesting paper on "anæsthetic agents; their mode of exhibition, and physiological effects;" by Henry J. Bigelow, M. D. of Boston.

Dr. Bigelow was among the first to introduce the subject of etherization to the medical public, and his practical experience of its effects has been abundant; while he has also investigated the physiological bearings of the question, with untiring industry, and in a spirit of philosophical research, worthy of its importance.

Report of the Committee on Obstetrics. Harvey Lindsly, Ch'n.

This report is occupied almost exclusively, with the question of the safety and applicability of anæsthetic agents in the practice of midwifery. A question, in our humble judgment, of paramount importance, and of itself sufficient to command the undivided attention of the committee. The observations of the committee are brief and concise, but to the point. They appear to be impressed with sanguine anticipations of the future success of these agents, in allaying the pains of labor, and producing other advantages as remedial agents in the practice of midwifery. An opinion which we think, is constantly gaining ground, as facts accumulate. As in the report on surgery, testimony is collected from a number of American practitioners, attesting the value of these agents in their hands.

Next follows an able report on Medical Education, with a series of resolutions, which were separately considered by the association, and which gave rise to much animated debate, especially among the teachers. But our limits will not permit us to touch upon this important topic, farther than to remark that the high

tone assumed by the association at its first meeting on this subject, was fully sustained in this report, and that already important improvements have been made by some of the Colleges in their schemes of instruction; and that others are projecting similar changes.

We would gladly close this hasty review of the volume before us, by an analysis of the racy and finished report of the "Committee on Medical Literature." But the materials are here so abundant, and the topics discussed, so suggestive of remark, that we must forbear. The reputation of Dr. Holmes, the chairman of the committee, as a scholar and a forcible writer, is fully sustained in this production, and the "summary retrospect" which he has presented American Medical Literature, constitutes a body of facts which will prove exceedingly valuable for future reference.

On the whole, we regard this volume of Transactions, as highly creditable to the association from which it emanated, and we look forward with confidence to a permanent series of similar works, which shall bear faithful record of the progress of American medicine. I. P.

Essays on Infant Therapeutics: to which are added Observations on Ergot, and an account of the origin of the use of Mercury in Inflammatory Complaints. By John B. Beck, M. D. N. York, 1849.

We have seldom met with a work of more practical value, condensed in so small a space, as that now before us; one hundred and seventeen small octavo pages, issued in plain pamphlet form, are devoted to practical remarks, which appear to be the result of the author's experience on the subjects indicated by the title of his book. Essay I. Is confined to the consideration of "the effects of opium on the young subject." Two well established and highly important facts in medicine, are made the basis of the author's objection to the free use of opium in the diseases of childhood, to wit: 1st, that it acts with greater energy on the infant than on the adult; and 2d, that it is more uncertain in its action, and consequently more dangerous. Several authorities are quo-

ted to prove the occurrence of death from the injudicious use of domestic medicines, very popular among nurses and mothers, such as Paregoric, Laudanum, Dalby's Carminative, Godfrey's Cordial, &c. &c. These medicines may be given in the ordinary approved doses, but produce death, on account of the peculiar susceptibility of the infant to their action. The brain and nervous system being much more impressible, and subject to derangement from the slightest causes, owing to the larger proportion of blood with which the brain is supplied, and hence the greater tendency to congestion of its vessels, under the influence of stimulating drugs; the difference of temperament in childhood, and "the state of the system as to disease," also modifying the effect of medicines. Dalby's Carminative, Godfrey's Cordial, &c., in the author's opinion, should be entirely banished from regular practice, on account of the sanction which is thus given to them, encouraging non-professional persons to employ them without sufficient judgment, We do not see, however, why these preparations may not be *confined* to "regular practice," and still be made useful in the treatment of infantile diseases, in careful and judicious hands. So far as our own observation and experience extends, paregoric and laudanum are much more freely used in domestic practice, and do a greater amount of injury in inexperienced hands, than the combinations referred to; but because of this evil, we should regret much to see their use discontinued. The evil consists in not confining all these articles to the "regular practice," except under very implicit directions as to the propriety and manner of their administration. We should give our patients the same instructions in regard to the use of these valuable medicines, as the author does in the following extract from his work on the uses and doses of opium.

"In very young subjects, we should never begin the use of this article, except in *very small doses*. Although most practical writers lay down cautions about the use of opium in these cases, yet it does not appear to me that these cautions are sufficiently precise. Most of the writers to whom I allude, specify doses as suitable to certain ages, without stating, that even these doses, may, in certain conditions of the system, prove just as injurious as much larger doses. To illustrate, I will quote the directions given by one of our standard authorities. Dr. Dewees says, 'the proper dose of laudanum for infants and children, may be reckon-

ed at the following rates. Half a drop for a child under ten days old; a drop, for one from that period to the end of the month; a drop and a half, or two drops for one from that period to three months; three drops from this to nine months, &c. &c.' 'When laudanum is to be used as an injection, we may safely increase the quantity three or four fold.' He adds, 'These doses are prescribed for children who are altogether unused to this drug; the power of bearing more, may be rapidly increased by habit.'* Now it appears to me that a more dangerous set of directions could not well have been given. Although many children may bear the quantities here specified without injury, yet every now and then a case will occur, in which the most serious results will follow; and it is against these that the necessary precautions should always be taken. In the case of a new-born infant, we are entirely ignorant of the manner in which such an article as this will affect it, and it therefore will not do to begin with *average* doses. To practice safely, we must feel our way with doses much smaller; and then we shall have some guide, and the only guide which the nature of the case admits of, to make the necessary increase in the quantity to be given. Under no circumstances, as a first dose, ought half a drop to be given to a child under ten days—or a drop to a child during the first month. One-eighth of a drop is sufficient to begin with. The quantity, too, directed for an injection is too large. Instead of three or four times the quantity given by the mouth, as far as my experience goes, double the quantity is quite sufficient.

"The doses of opium should not be repeated *at too short intervals*. This, too, is a point which is not sufficiently guarded by some practical writers. One writer, for example, after specifying the quantity suitable for a child of two and three months, adds, that "this is not to be repeated in less than an hour." If this means any thing, it means, of course, that after the lapse of an hour, the dose may be repeated with safety. This, however, will not be sustained by experience. Even if a first dose does not narcotize, it frequently produces a degree of listlessness and indifference to food on the part of the child, which, if it be kept up by repetitions of the opiate, may eventually prove just as destructive. This is strikingly illustrated in those states of exhaustion from diarrhœa, where the due supply of nourishment is so essential to recovery. Where repeated opiates are necessary, the intervals between the doses should be long enough to enable the child to recover somewhat from the sedative influence."

In Essay 2—on the "effects of emetics in the young subject," after a description of the physiology of emesis, and the much greater susceptibility of the infant to the action of this class of re-

* On the Diseases of Children, p. 363.

medies, on account of the difference in the formation of the stomach, and the greater amount of pressure which it sustains from the surrounding viscera, a very important distinction is drawn between the character and effect of emetic medicines. The author deprecates the ordinary use of debilitating emetics, unless they are clearly indicated by the presence of acute inflammation. Tartar emetic and the different antimonial preparations should not be resorted to, when a simple emetic effect is desired. Ipecacuanha is more simple, and in the majority of cases, equally efficient; it lacks the sedative and irritant powers of the tartarized antimony, and is a *safer* remedy. The same objections are urged against the indiscriminate use of antimonial wine, Coxe's Hive Syrup, &c., in domestic practice, as against Dalby's Carminative, &c., under the head of opium. The effects of mercury on the young subject are treated of in the third Essay. The author believes this remedy to be much abused in the treatment of infantile diseases, and controverts the popular notion, that because it does not produce salivation it is an innocent remedy; the absence of this effect is maintained as an argument why the drug should not be so indiscriminately used, as its influence is most likely to be expended upon other portions of the system, to the detriment of the constitution. The importance of mercury as a remedy in the diseases of childhood, is however freely admitted and sustained, as in the following paragraph.

"In many cases, nothing can supply its place, and its judicious use has been, and is, the instrument of saving multitudes of lives. Notwithstanding, however, the many cautions to the contrary, it is to be feared that the use of it is still too general and indiscriminate. Indeed, the amount of it which is taken by the human race in one way or other, is incalculable. What is given by regular physicians, is perhaps the smallest quantity. If the public really knew how much of this article is swallowed unknown to themselves, in the shape of bilious pills, worm lozenges, and the white powders* of the Homœopaths, they would be amazed at their credulity in deserting their old medical advisers, because they have the boldness to give them an occasional dose, and the honesty to tell them so."

We had intended to notice the principal points in the Essays,

* Several cases have occurred in which these white powders have caused salivation.

upon the effects of blistering and blood-letting on the young subject, but as our limits will not admit of extended remark, we pass them by, to refer to the "Observations on Ergot," which is the subject matter of Essay No. 6. The question whether ergot possesses any such property as is generally ascribed to it, is first considered, and the discordant statements of different authors and observers compared, by which it appears that ergot does possess the power of producing uterine contractions both at the full period of gestation, and anterior to that time, and that when it has failed to act at all in the hands of some practitioners, it has probably been owing to impurity of the drug, as the time of year in which it is collected, the character of the soil, and other circumstances, materially affect its power and efficiency. It is also stated, that more still-born children have been brought into the world under the use of ergot, than by any other means.

After fairly stating the experience of observing practitioners of this country and Europe, upon the subject, the author sums up the matter in the following pertinent observations:

"To what extent are we justified in using ergot? If there be any truth or force in what has been said in relation to the effects of this article on the child, the answer to this question is obvious. In a professional as well as moral point of view, we have no more right to trifle with the life of the child than we have with the life of the mother. When, however, from the nature of the case, it becomes manifest that the life of the mother is in danger, we are not merely justified in using, but it is a positive duty to do so, every means to save her, disregarding every consequence that may result to the child. Now it is for such contingencies, that I conceive that ergot ought to be reserved. It should accordingly, I think, never be used except in cases where nature is incompetent to a safe delivery. By too many, it is to be feared, it has been, and is still used merely as a *time-saving* agent. Than this, I cannot conceive of any practice more unjustifiable and reprehensible. As a general rule, nature is competent to a safe delivery, and we may rest assured that the best plan is to leave her alone to accomplish the work. Artificial and violent interference, whether it be applied in the shape of instruments or by the use of ergot, cannot but be improper."

We incline to the opinion however, that future experience with ergot will establish the soundness of the opinion that it ought not to be used at all to facilitate labor. The improvements which have been recently made in the construction of forceps, and the much

greater facilities that are placed within the reach of students, to become acquainted with the *mechanism* of labor, will, we believe, add greatly to the testimony in favour of *instrumental* aid in difficult parturition. We would not however, abandon the use of this agent entirely. In uterine hemorrhage, succeeding labor, it is a valuable remedy. In diseases of the womb, when the cavity is distended by polypus or other morbid growth,we believe ergot might be administered with advantage, on account of its specific tendency to produce uterine contractions, and thus expel the contained mass to the view of the surgeon; but as a means of facilitating labour, we believe it possesses no advantages over properly constructed instruments.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FIRST MONTH, (JANUARY,) 1849.

NEW JERSEY LUNATIC ASYLUM.

We recently visited this institution in company with several of our medical brethren, and though our time was not sufficient to make as thorough an inspection of the house and inmates as was desired, still we were much gratified with the plan of the building, and with the cleanliness and order which prevailed in every department. Most of the patients appeared contented, or as much so as their condition would allow; and their accommodations bespoke a liberality on the part of the managers, of which the state and the profession may be justly proud. The fact that hospital treatment is the only efficient treatment for persons afflicted with insanity, has long since been established by the experience of the most accurate observers. However judicious may be the prescriptions of the private practitioner, the moral discipline and hygienic appliances which belong to a well constructed and well conducted Asylum, are necessary to a speedy and permanent cure; this truth is now admitted by the public mind—out of it grew the liberal expenditure of the public money for the erection of our Asylum; and now that we have it completed, it becomes the duty of physicians in a particular manner, to give it their hearty support by combating whatever wrong impressions may be exhibited in the conduct of the people, state or county authorities, with reference to its management and discipline. We are aware that in some sections of the state there is an idea prevalent, that the institution is an expensive one, and hence the spirit of opposition is already on the alert, to mar the success and prosperity of this noble monument of New Jersey benevolence. The objection, so far as we are informed, is mainly urged by town authorities, and county boards, who have charge of the insane paupers of their re-

spective neighborhoods, and who assert that if these persons can be maintained at a charge of one dollar per week, in the county house, it is an improper and unwarrantable waste of the public money to pay three dollars per week for their maintenance in the Asylum, the argument we consider unsound, because the amount of cost requisite to keep such persons in a manner which promises recovery, is actually less than the cost of maintenance in such a manner as to shut out the hope of restoration; for it is a well known fact, established beyond cavil, that the curability of insanity is in proportion to the amount of moral labor and discipline that are brought to the aid of judicious physical treatment. It is no doubt true, that many of our insane paupers are incurable, but we believe there are those among them who are susceptible of great improvement, if not of perfect recovery. It is a lamentable fact, that there are numerous examples among them, of persons who have once enjoyed the advantages which a competence or even wealth are capable of bestowing, but who have been shorn of their intellectual strength by the relentless hand which deprived them of their means of support, and are at this moment pining away a miserable existence, while the ample beneficence of our state has provided for such, the means of comfort, and the hope of recovery. Restore to these persons a degree of ease and enjoyment allied to that which they once possessed, consider them not as prisoners, but as unfortunate friends who demand our warmest sympathy, treat them as belonging to the common brotherhood of man, give them the advantage of religious instructions, revive their drooping spirits by cheerful society and innocent amusements, secure their confidence by the vigilant attentions of faithful and gentle companions, re-establish their self-respect by surrounding them with the ordinary comforts of life; and their hidden energies will begin to come forth as light out of darkness; the fire of kindly feeling burning in the hearts of others, may kindle in their own the flame of reason, until they are restored again to home and society. But if kept in the county poor house, the very misfortune that occasioned the disease, will be made the instrument of its continuance.

We esteem it of the greatest importance to the success of our Asylum, that it should not adopt a low standard of prices; if it

should, an inferior system of treatment and but few cures will be the result. Insanity is a peculiar disease, requiring peculiar treatment, and the people should be *instructed* into the belief that the proportional number of insane persons will not be diminished, unless means are provided which are adapted to their cure; and that without a comparatively high price of board these means cannot be obtained.

It is true that there are institutions where a better class of poor house accommodations are given for a little better than poor house prices; but it should be borne in mind that the object in erecting an Asylum for the insane, is not only to separate this afflicted class from society, and render them harmless, but to fit them for its enjoyment again; and we believe that to be the most enlightened economy which supports the best treatment, inasmuch as by its aid, a larger number are restored to reason, and the possession of their ability for self-support. Let then, the medical profession be united in maintaining the standard at the highest point required for the best curative treatment, and New Jersey will gain the reputation of having the best managed, as she already has of providing the best constructed Asylum for this unfortunate class, in the United States.

WILLS' HOSPITAL.

On New Year's day we visited Wills' Hospital. We had not entered its familiar halls since the days of our pupilage, and it was gratifying to walk through its aisles again, and greet the various objects of its charity, as the means of cure were kindly dispensed by those who are appointed to minister to them. A number of medical students were in attendance from the various colleges of the city, to enter upon a course of clinical instruction, which was commenced on that day by Isaac Parrish, M. D., one of the surgeons of the institution. As introductory to the course, the Doctor gave an interesting sketch of the Opthalmic Hospitals of Europe, and of the origin and present condition of this institution. It was stated that it was founded in 1834, and was the offspring of the private benevolence of James Wills, a plain and unpretending citizen of Philadelphia, who, by a long course of in-

dustry and economy, accumulated a handsome fortune, most of which was bequeathed to charitable institutions. One hundred and twenty-three thousand dollars was the sum appropriated to the founding of a hospital for the lame and blind, under the direction of a board of managers appointed by the councils of the city. Although originally intended for the lame and blind, the hospital has, since its erection, been mainly devoted to the treatment of the diseases of the eye, and has acquired considerable celebrity as an opthalmic institution. At the time of our visit there were between thirty and forty patients in the wards, presenting almost every variety of disease of the eye, from a simple conjunctivitis, up to cataract, amaurosis, opacities of the cornea, &c. It was stated by the lecturer that there had been two hundred and twenty-five admissions during the year, and that two hundred and fifty persons had been prescribed for as out-door patients; a dispensary having been, within a few years, connected with the hospital. The institution is under the management of Drs. Hays, Littell, Fox and Parrish, who give clinical instruction during their several terms of service, to such students as choose to accompany them through the wards. Dr. Parrish also delivers a regular series of lectures on diseases of the eye, illustrated by cases under treatment, and by magnified drawings, to which the lecture referred to, was introductory.

An increasing interest is manifested by the students in this rising institution, and certainly, the facilities afforded here for the study of eye diseases, are unrivalled in this country. Not many years since, four or five students were all that could be found, out of the hundreds in Philadelphia, to avail themselves of these facilities, but we are happy to state, that at the present time, about fifty attentive observers are found at their post, who will never have cause to regret assuming the additional labor which an attendance upon this hospital requires. In the regular courses of instruction given at the medical schools, opthalmic surgery has never received its full share of attention. In the general hospitals, opthalmic diseases are but seldom presented, and the existence of an institution devoted to the cure of this class of diseases in Philadelphia, gives her an additional means by which she may maintain her ascendency as the great centre of medical

knowledge in this country. Her increasing size will render it necessary that she should have additional accommodations for her sick poor, and the great number of medical students who annually flock to her seats of medical learning, seem to demand that she should provide them with ampler means of instruction. There is a novel feature in the arrangements for teaching in this institution, which is well worthy of notice, viz: its doors are open to physicians and students without charge. We have obtained from our brother the following extract from the portion of his lecture which refers to this subject. After speaking of the importance of cultivating this neglected branch of surgery, he remarks, "Animated by this desire, it has been the wish of my colleagues and myself, that the doors of this institution should be thrown open to the admission of students, that the advantages which it may furnish for clinical instruction, should be freely participated in, by those who may feel the need of such a means of improvement. We are placed here as the administrators of a public trust, and we owe it to our profession and to humanity, to render it as extensively useful to the medical public, as the safety and comfort of those committed to our care will admit of. Participating in the sentiment put forth at the late meeting of the National Medical Association, held at Baltimore, that 'every system of medical instruction is defective and erroneous, which does not rest on the basis of practical demonstration and clinical teachings' we are determined that no effort shall be wanting on our part, to render our institution subservient to this purpose, so far as its limited size, and the number and description of cases introduced into it, will enable us to add to the means of diffusing knowledge. I may further add, that this desire is warmly seconded by the intelligent and liberal board of managers, who preside over the interests of the hospital, and that they have never thrown any obstruction in the way of clinical teaching here."

This fact speaks well for the liberality of the managers, and of the distinguished surgeons who give their time and talents not only to the cure of diseases, the study of which has been much neglected by the profession, and by teachers of medicine, but to the diffusion of the knowledge they may obtain by their experience in this institution. All seem to be united in making their

instructions as simple and practical as possible, by divesting themselves of much unnecessary detail in the description of eye diseases, and of all needless show of hard names, which so crowd the works of some writers, particularly of Germany, and which so embarrass the student. We wish success to the institution, and that those who are connected with it, may continue to be more and more diligent in the diffusion of knowledge on this neglected branch of medical science, as their means and opportunities increase.

The Ohio Medical and Surgical Journal, edited by John Butterfield, M. D., Professor of the Practice of Medicine in the Starling Medical College.

We welcome to our list of exchanges a new Medical Periodical with the above title. It is the offspring of the young and promising Starling Medical College, at Columbus, Ohio. The first and second numbers are replete with useful matter. Each number contains 96 pages, and will be issued every alternate month, at two dollars per annum.

INTRODUCTORY LECTURES.

The usual variety of introductory lectures have been received from the medical schools of New York, Pennsylvania, and Ohio, but our time and space forbid more than an acknowledgement of their receipt.

ERRATA.

In the memoir of Dr. Cochran, in the last number of the Reporter, read for *Doctor* General of the hospital, at page 27 *Director* General, &c.

ECLECTIC DEPARTMENT.

Extract from the Report of the Committee on Practical Medicine, read before the National Medical Association, at Baltimore, 1848.

1. "*Of the Symtomatology of Typhus and Typhoid Fever.*—In essential fevers there are a few symptoms which are common to them all; and to these symptoms are added, in particular fevers, certain phenomena which arise in the progress of the morbid movements that mark their special form and character. Now, among the leading symptoms, mostly of the latter description, observable in typhus and typhoid fever, are the following: great prostration of the sensorial and muscular energies, cephalalgia, disagreeable dreams, somnolence, delirium, coma-vigil, deafness, aphonia, stupor, subsultus tendinum, picking of the bed-clothes, and at imaginary objects in the air, small, frequent and feeble pulse, pungent heat of skin, petechial eruptions, sudamina, dry and brown or black fur on the tongue, accumulations of dark sordes on the teeth and gums, epigastric pain, tenderness of the abdomen, gurgling in the intestines, diarrhœa, meteorism, hemorrhage from the nose and bowels, and retention of urine.

"Though such are the phenomena which occur in typhus and typhoid fever, yet all of them may not present themselves in every case; but it is observable that many of them, and especially those attendant on the last stage of fatal cases, are developed consecutively and in various degrees of force, in every individual example of both diseases.

"Now it is among the phenomena enumerated, that we must seek for the diagnostic symptoms of the two diseases, if any such phenomena exist. If the diseases be specifically different, they should respectively present certain pathognomic or characteristic symptoms. If they possess no such symptoms, nor any other diagnostic phenomena, they are obviously not distinct disorders. But let us examine the symptoms with a view to ascertain how far they indicate diseases different in their nature.

"It is generally admitted that there is much variety in the symptoms of the premonitory and successive stages of typhus; and a similar variety, it is acknowledged, occurs in the corresponding stages of what is called typhoid fever. The incipient symptoms are often, for the most part, precisely the same in both maladies; and in whatever subsequent parallel stages we examine the two disorders, we find no signs by which to distinguish them as different *species* of fever. If in the several periods or stages of typhus we observe particular combinations of symptoms, we find the same

combinations in the several periods of typhoid fever. Phenomena which are usually present in typhus are sometimes absent, or but slightly developed; and the same is true in typhoid fever. The constitutional phenomena in the latter disease are grouped, and transformed in the same manner as are those which occur in the former. So far then as the general symtomatology of these diseases enables us to form a judgment, they are essentially the same. This conclusion, it is believed, might be sustained by an appeal to numerous cases recorded as genuine examples of typhus and typhoid fever.

"The phenomena on which the advocates for the distinctive nature of typhoid fever mainly rely in forming their diagnosis, are, it appears to us, totally insufficient to establish the *specific* character of the disease. The more important of these phenomena are lenticular rose-colored spots on the trunk, chiefly on the anterior part of the abdomen and chest, sudamina, gurgling in the right iliac region, tenderness of the abdomen, diarrhœa, meteorism, enlargement of the spleen, and epistaxis. But which of these phenomena does not occur in typhus? In regard to the size, color, situation, and time of appearance of the eruption, there is nothing remarkable in the one disease which is not equally so in the other. The eruption in typhus, though among the characteristics of the disorder, is variable in size and color; sometimes it is of a rose hue, but frequently violet or purple, at one time persistent under pressure, and at another evanescent. Such were the varieties of the eruption in the cases of typhus, treated under the direction of one of your committee, in the New York Hospital, in June, 1840, and at various times in subsequent years,—cases of the identical nature of which there was not the slightest doubt, all of them having originated from the same source; namely, the fever poison *idio-miasma*, generated in crowded emigrant ships. In no respect did the eruption differ essentially from that which occurs in dothinenteritis or typhoid fever. As to sudamina, they are common to various states and kinds of disease.

"It is well known that age, constitution and modes of life, climate, season, and especially epidemic influences exert a powerful agency in modifying the symptoms of diseases; and there is good reason to believe that to such causes, the varying forms and character of the eruptions in essential fevers are in a great degree attributable. In some seasons the eruption in typhus is absent in very many cases; and moreover, it is sometimes wanting in cases in which the Peyerian glands are extensively diseased. Dr. Elliot, one of the physicians of the Bellevue Hospital, reports an instance in which 'Peyer's plates were much enlarged and deeply ulcerated,' and in which 'there was no eruption, nor any diarrhœa, during the whole progress of the case.'* Are not the rose-colored

* Annalist, vol. ii. p. 249; edited by William C. Roberts, M. D., N. York.

spots of typhoid fever, the primary forms or conditions of the petechiæ or maculæ of typhus? Professor Clark, one of the physicians of the hospital just named, says, that 'in the proportion of about one-half of the typhus fever patients, a *rose-colored* eruption occurs on the body, which frequently in the progress of the fever assumes apetechial appearance.* To elevate the shades of color, and the varieties of form of the eruption to the rank of diagnostic phenomena, indicative of distinct diseases, when the more striking and important phenomena are unequivocally expressive of an identity of disease, is a refinement which, it appears to us, no clinical observer can regard with favor.

"Nor are the diarrhœa and gurgling in the right iliac region worthy of consideration, as signs by which the affection called typhoid fever may be distinguished as a specific disease, or one different from typhus. These phenomena occur in cases in which the general symptoms of the two forms of disease, arising from disturbance of the nervous, vascular, and secretory functions, are the same, and which therefore indicate the affections to be one and the same. Gurgling in the bowels is common to many diseases; and as to diarrhœa it frequently occurs in fevers in which there is no follicular disorder of the intestines; and though it is generally present in dothinenteritis, it is sometimes absent. Dr. Sweet, late President of the New York Medical and Surgical Society, so well known for his devotion to pathological studies, in discoursing on the cases of ship fever, treated at the New York Hospital, at a meeting of that society on May 1st, 1847, stated that 'in the case in which the ulceration was most extensive, there had been no diarrhœa; in the other case with ulceration less in amount, though still considerable, the diarrhœa had been profuse.'† Similar remarks are applicable to the meteorism and tenderness of the bowels; they frequently occur in disorders different in their character, and are occasionally wanting in typhus and typhoid fever. With respect to epistaxis and delirium, they are totally destitute of any claim to the character of signs denoting a specific difference between the two forms of disease in question.

"But though the rose-colored spots, the diarrhœa, and gurgling in the bowels, the meteorism, tenderness of the abdomen, epistaxis, and delirium, taken severally, or any two or three of these phenomena combined, do not enable us to distinguish typhus fever from the typhoid affection of Louis, still, it may be asked, do they not, when collectively present, that is, when grouped together in the same case, indicate these diseases to be essentially different? In regard to this question it is to be observed, that, in discriminating fevers, the ablest clinical physicians place more reliance upon the uniform constitutional phenomena, as manifested in the morbid

* Transactions of the Medical Society of the State of New York, vol. vii. p. 59, 1848. † Annalist, vol. i. p. 389.

conditions of the nervous, vascular, and secretory organs, than upon those phenomena which are local and contingent. The former are esteemed the efficient, and the latter the accessory means of diagnosis. Are not intermittent and remittent fevers known and distinguished by their types and general phenomena, and particularly by the modes in which the phenomena are combined or succeed each other? In these forms of fever there is often inflammation or engorgement of particular organs, and yet, notwithstanding such complications, each of these diseases is readily recognized and distinguished. Even in yellow fever, the course and form of the general symptoms, springing from derangement of the nervous and vascular systems, are vastly more important as indications of the specific nature and distinctive character of the disease, than the symptoms immediately connected with the gastro-intestinal lesions. These latter, it is true, are sometimes valuable subsidiary means of diagnosis; and, indeed, are occasionally essential aids in deciding in doubtful cases; but, aside from the general phenomena, they would scarcely suggest the idea of yellow fever; whereas, the constitutional symptoms are, of themselves, sufficient, especially when the disease is epidemic, to show the true character of the malady. The same remarks, in regard to the symptoms depending on special organic lesions, are applicable to every other essential fever. In the contagious exanthemata it is otherwise. In these, the eruption is, with very few or no exceptions, a constant occurrence, and is therefore regarded as one of their leading diagnostic phenomena.

"Now if we examine the phenomena of typhus as described by English writers, and compare them with those of typhoid fever as described by M. Louis and others, are we not warranted in giving to the general symptoms a higher value as diagnostics of the special nature of these diseases, than to those which indicate an affection of the glands of Peyer? Is not typhus distinguished in all cases by the character and train of the general symptoms, rather than by any disturbance of the abdominal organs, indicated by tenderness under pressure, diarrhœa, gurgling in the right iliac region and meteorism? And is not the same true of typhoid fever? That such is the fact, in respect to the latter disease, there can be no question; for Louis and others have recorded cases as typhoid fever in which the symptoms of follicular disease of the bowels were obscure, or not conspicuous.

"Idiopathic fevers, then, are distinguished by the kind and character of their general symptoms; and by the mode in which these are grouped and successively developed. In comparing fevers with one another, the order of the occurrence, as well as the peculiarity of all the phenomena, should be observed. When this is carefully done, there is generally no difficulty in discriminating particular fevers. All cases of fever are to be considered of the same nature in which the constitutional symptoms occur in the

same order, and agree in their general features. The local, contingent, and minor symptoms, as well as the variations in the mode of attack, violence and duration of the morbid phenomena, indicate modifications of the disease, and nothing more. A physician practically versed in the diagnosis of fevers, on visiting the wards of a hospital in which the various species of essential fevers are assembled, will distinguish each particular kind of fever, not by tenderness of the abdomen, gurgling in the bowels, diarrhœa, and epistaxis—for these phenomena may or may not be present in fevers unlike each other—he will found his diagnosis on the type, and general course and peculiarity of the phenomena manifested in the nervous, vascular, and secretory functions. In individual cases, in which the type and characteristic symptoms of a special form of fever are not as fully and clearly developed as is necessary to settle the diagnosis, he will await their occurrence, inquire into the etiology of the disease, and avail himself of the light thrown on the nature of the malady by the occasional or contingent symptoms. Thus, in yellow fever—a disease usually well marked and distinguishable by a train of general symptoms, cases occur in respect to which a doubt may exist as to their true nature, until the appearance of black vomit, an event in itself of no value as a diagnostic of a specific form of fever, except when it concurs with certain diagnostics presented by the general system.

"Now in typhus and the typhoid fever of Louis, the morbid phenomena are so correspondent in the sensorial, vascular and other functions, and are so similarly catenated or related to one another from their accession to their termination, that the attempt to assort and group them, so as to make them express two different diseases, is a labor which, it appears to us, must fail to show any distinction which is found in nature and cognizable by practical minds.

"If such be a just view of the subject, in what light are we to regard the phenomena considered by Louis and others, as establishing a specific difference between the two forms of disease in question? To say nothing of the rose-colored spots, delirium and epistaxis, are not the meteorism, tenderness of the abdomen, gurgling in the intestines and diarrhœa, occurring in fever, simply indicative of abdominal derangement, in the same manner as cough, expectoration, and certain auscultatory signs denote a pulmonary complication, or as injection of the adnata, intolerance of light, headache and delirium, show encephalic disorder? The principal anatomical lesions in typhus are found in the three great cavities; and there are no reasons that would warrant the forming of a special disease of those cases in which abdominal symptoms are prominently developed, which would not equally justify the creation of new diseases of cases in which pneumonic and cerebral symptoms are predominant. If the term *abdominal* typhus, applied by the German physicians to dothinenteritis, be appropriate,

it may not be improper to apply the terms *thoracic* and *cerebral* typhus to those varieties of the disease in which the lungs and brain are the organs that chiefly suffer organic changes. These terms, so used, import special complications of typhus, but not distinct diseases.

"That every case described by Louis as typhoid fever was genuine typhus is, perhaps, doubtful; but that most of his cases in which he found, after death, follicular ulceration of the bowels were not that disease, he has, we think, failed to show by any diagnostic phenomena. Had no autopsies been made; the cases would have been considered, by every pathologist, as simple modifications of the typhus of England and other countries. In searching for novelties in pathological anatomy, it should be borne in mind that the evidence for and against the theory of the essential nature of fever vastly preponderates on the side of the former; and, consequently, all anatomical lesions are to be considered contingent or secondary. The anatomical alterations in typhus and other kinds of fever sometimes vary so much in different cases, that were one called upon to decide on the nature of the disease in a particular case, by inspection of the body after death, it would frequently be difficult, and sometimes impossible, to say of what *species* of fever the patient died. Now such an embarrassment, in forming a diagnosis, rarely occurs in cases in which the symptoms, during the normal course of the disease, are carefully observed. In the phlegmasiæ proper, a post-mortem diagnosis is, in general, not left in doubt, but is promptly and certainly attained.

"Upon the whole, it seems to us, that the ingenious attempts which have been made to establish a specific distinction between typhus and typhoid fever, by an analysis of the *symptoms*, have yielded no other profitable result than a lucid exhibition of the modifications which genuine typhus assumes under different circumstances of temperament, habits and modes of life, climate, &c. In no other light can we regard the able researches on the subject, by Louis and numerous other pathologists, in Europe and America.

2. "*Of the Morbid Anatomy of Typhus and Typhoid Fever.*—As, then, the *vital phenomena*, observed during the progress of the two forms of disease in question, lead to the conclusion that they are not specifically distinct in their nature, it seems that the opinion, that they are so, has arisen from the discovery of dothinenteric lesions in one form of the malady and not in the other. The theory which localizes the cause of fever in the stomach and intestines, so fashionable in the last thirty years, is obviously the source to which may be traced the distinction which is made between typhus and typhoid fever. Stated in a brief form, the theory, in relation to these diseases, is explicitly this; a fever with ataxic or adynamic symptoms in which the glands of Peyer and Brunner are tumefied and ulcerated is typhoid fever; and that a fever attended with similar constitutional phenomena, and in

which those glands are not diseased, is not typhoid, but some other species of fever. That Louis employs the fact of the non-existence of dothinenteric lesions in febrile cases, to prove that the disease is not typhoid fever, is shown in his work on yellow fever, in giving the diagnosis of which he specially distinguishes the two diseases anatomically, by the normal condition of the intestinal glands in one of them, and the constant alteration of them in the other.

"That there is a great and fundamental error in the doctrine which makes a specific difference between the diseases to which our inquiries relate, may, we think, be shown by adverting to a few of the anatomical facts and general arguments which bear directly on the subject.

"If a diseased state of the agminated and isolated glands of the bowels constitute the peculiar and essential *anatomical character* of typhoid fever, then certain other maladies considered by every observer as different in their nature, should be regarded as identical with that disease; for there is abundant evidence to show that in many instances of the disorders referred to, those glands are inflamed, tumefied or ulcerated.

"It must here be noticed that by the term *anatomical character* of a disease is meant, according to Louis, a morbid condition of organic lesion which invariably occurs in the same disease, and which, with certain other phenomena, distinguishes the disease from all others. Thus, in speaking of yellow fever, he says, "The red or black matter found in the stomach and intestines, not having been found *in all the cases*, it cannot be considered an *anatomical character* of that disease." But he adds, "it is not so with the alteration of the liver, which was more or less exactly the same *in all the cases*, and which for *that reason* ought to be considered as the *essential* anatomical character of the yellow fever of Gibraltar of 1828."

"Now, if we use the term *anatomical character* in the rigorous sense in which it is employed by Louis, are we not bound to consider every fever in which Peyer's glands are diseased or ulcerated as typhoid fever? No special form of lesion of the intestinal glands, analogous to the special form of lesion of the skin in small pox, is described as distinctive of the typhoid affection, for every morbid condition of them, except perhaps the tuberculous, is recognized in the disease.

"The truth is, disease of the glands of Peyer and Brunner, is in none of its forms, in the strict sense of Louis, an anatomical character of any one species of fever. It occurs in disorders unlike in their causes, and dissimilar in their character. It occurs occasionally in the different kinds of *koino-miasmatic* fevers, and also, now and then, in the contagious exanthemata. It occurs especially and most frequently in *idio miasmatic* or genuine typhus, and in febrile maladies which, in their progress become

adynamic, or, as it is usually and properly said, *typhoid*. It occurs more generally in typhus, in some years, and in some localities, and countries than in others; and when it occurs it is an effect or complication, and not the cause of the febrile disturbance of the system.

"If these statements be correct, and that they are so, might, we think, be established by abundant testimony, there are no solid reasons for considering the affection of Peyer's glands a feature distinguishing the typhoid fever of Louis from the typhus of England and other countries. We have already shown that these diseases are so similar in their symptoms, that they cannot by these means be rationally characterized as different species. Whatever variety of forms they exhibit in their general or local phenomena, they scarcely ever fail to manifest a unity of type and character; and consequently they should be regarded as the same disease. Indeed, as we have said before, were it not that post-mortem examinations had revealed a lesion of Peyer's glands, there never would have been a question as to their identity.

"With all the light which modern pathological anatomy has shed on the nature and complications of fever, and with all the aid afforded by researches, directed to the elucidation of the connections between the symptoms of fevers, and the structural alterations which occur in this class of diseases, can it be determined with a degree of certainty, approaching the exactness, with which we are able to announce the existence of a pulmonary or cerebral complication, that the glands of Peyer are diseased in a given case of fever? A high degree of probability that they are affected may be inferred from particular symptoms; but after all, nothing but an autopsy can establish the fact.

"That dothinenteritis occurs in genuine typhus is proved by the concurrent testimony of many physicians, who have enjoyed the most extensive opportunities of studying the disease, in all its forms and varieties of complication, and whose learning and talent for observation entitle their opinions to implicit confidence. While, on the other hand, it is shown by their inquiries that the intestinal glands are frequently affected in typhus; it is on the other, demonstrated that in the form of fever denominated typhoid, the follicular disease of the bowels is sometimes wanting. To cite all the proofs which might be adduced in support of these remarks, would require wider limits than the present occasion affords. The statement of a few facts, bearing on the points in question, will sustain what a greater number could not render more evident. And first, let us advert to the evidence of some European authorities.

"In no country is typhus more prevalent than in Ireland. The disease is there seen in all its varieties, symptomatic and anatomical; and it is to the enlightened physicians of that country that we are indebted for much valuable information in relation to the

nature of the disease. Dr. Kennedy, in giving an account of the typhus which prevailed in Dublin in 1837–38, says: 'The only post-mortem appearance that was at all constant, was congestion of the vessels of the membranes of the brain.'—'But if this epidemic typhus was not characterized by any uniform or constant pathological changes, it was very remarkable for the almost total absence of those abdominal lesions which have been regarded by some as the invariable attendants of typhus fever. Indeed, in this respect, this epidemic affords a striking and conclusive refutation of the false and hasty generalizations of the French pathologists on this subject. In this respect, also, it differs altogether from the epidemic fever of 1826, (which the writer had an ample opportunity of investigating while in charge of fever patients, supported at the expense of the government, at the Meath Hospital that year,) in which in a *large proportion* of the post-mortem examinations made by him, more or less disease of the glands of Peyer was found.'* The typhus epidemics here brought into contrast by Dr. Kennedy, happily illustrate a well known law of epidemics, namely, that the same popular disease varies in its form and anatomical lesions in different years and seasons. There can be no question that the two epidemics of which he speaks were essentially the same in their nature, and the difference in the condition of the intestinal canal in the two epidemics was incidental, certain influences in 1826 operating to produce 'in a large proportion' of the cases, 'more or less disease of the glands of Peyer;' whereas, in 1837–38, the analogous modifying influences occasioned scarcely any organic changes in the bowels, but chiefly a different complication, 'a congestion of the vessels of the membranes of the brain.'

"Dr. M'Cormac, of Belfast, who evinces in his work on fever great familiarity with the diseases of Ireland, after minutely describing the various changes which take place in the aggregated and solitary follicles of the intestines, remarks: 'That exanthem, if we may call it so, does not present the regular phases seen in small-pox; it may exist during the greater portion of the disease, and even after the fever has terminated.' And he adds, 'after what I have said, I need hardly repeat again, that together with its results, it is only an occasional contingency in fever, and seemingly more frequent on the continent than in this country—from what cause, however, if it be this, I do not pretend to say.'

"Dr. Stokes, of Dublin, than whom there are few physicians more capable of arriving at correct conclusions on pathological subjects, regards 'typhus as an essential fever which affects in an especial manner in different cases, and *during different epidemics*, either the head, the chest, or the abdomen.' He alleges that 'the

* Medical Report of the House of Recovery and Fever Hospital, Cork Street, Dublin. By G. A. Kennedy, A. M., M. D., Dublin, 1839.

ulcerations of the intestines so much insisted upon by the French pathologists, are neither of constant occurrence, nor are they characteristic of the disease; in one epidemic they are found on dissection, much more frequently than in another.'* Dr. Graves, the able colleague of Dr. Stokes, at the Meath Hospital, entertains the same view of the nature of typhus.

"In accordance with these opinions, are the extensive observations made in England, recorded in the writings of Drs. Hewet, Tweedie, Copland, Southwood Smith, Marshall Hall and others. All these concur that the glands of Peyer are frequently the seat of anatomical changes in typhus.

"Similar investigations in Scotland have established the same facts in regard to the pathological anatomy of the disease in that country. Dr. Davidson in his Thackeray Prize Essay on typhus fever, gives a table showing the number and kinds of lesions observed in the post-mortem examinations of sixty-three eruptive cases admitted into the Glasgow Fever Hospital, from May 1st to November 1st, 1839, from which it appears, that enlargement of Peyer's glands and ulceration of the intestines were present in many cases.

"These are but a few of the evidences of the occurrence of dothinenterite lesions in the typhus of Great Britain and Ireland. But it may be said that the pathologists of these countries confound diseases which are specifically different; and that this is owing to their mode of studying the phenomena not being so minute and philosophical as the method pursued by the physicians of France. If the French make distinctions where the English do not, are we to accord to the former superior powers of discrimination? The English, Scotch, and Irish physicians have given evidence of talent and industry in the investigation of febrile pathology not surpassed, we think, by the medical men of any country. They have patiently examined the grounds upon which their continental brethren have drawn a line of distinction between typhus and typhoid fever; and, having done so, they deny that there is any foundation in nature for it. Dr. Davidson, who it is believed, expresses the general opinion of British physicians, says, 'would it not, therefore, be refining our classification beyond all precedent, to separate typhus and typhoid fever with two species, where it has been shown that the symptoms in both are the same, or very nearly so, that they have nearly the same laws, as far as these have been ascertained; that the severity of the symptoms in both is not in proportion to the lesions of the intestinal follicles; and that the other complications of both are similar, although *various in the same place at different periods*, while the only characteristic in dispute has been acknowledged not a constant, and

* Medico-Chirurgical Review, No. 81, p. 71.

therefore not a necessary element for the existence of the disease.'*

"Such, then, being the opinions of physicians practising in the British Islands, it becomes a question of curious interest, if nothing more, to learn what impressions have been produced on the minds of those who, conversant with the typhoid fever of Paris and other continental cities, have personally compared this disease with the British typhus. Dr. Lombard, of Geneva, so often quoted on this subject, during his visit to England, Scotland, and Ireland in 1836, examined several cases of typhus, two in Dublin, and one in Glasgow, and finding the symptoms similar to those of the typhoid fever of the Continent, with which he was familiar, expected to find after death the usual dothinenteric lesions; but, on examination, to his great astonishment, no such lesions were found. He says, 'in the whole course of my experience I have met with nothing which has surprised me more than this occurrence; I had been for years engaged in the study of typhus fever, and for years my almost daily experience in the dead-room led me to associate certain lesions of the alimentary canal with the symptoms of this disease, when suddenly I find myself assailed by a new experience exactly contradictory of my former; nor was my new experience unconfirmed by that of the Glasgow or Dublin physicians.' With such facts before him, to the question, 'whether the two diseases are different or the same?' he answers: 'I cannot allow that they are specifically distinct, and consequently I am almost forced to give up the opinion that the local changes of structure are of paramount importance in causing or producing the symptoms that accompany this type of fever.'† Though Dr. Lombard subsequently resumed the opinion that the two diseases are different, it appears to us he did so without sufficient reasons.‡

"In the following year, 1837, Dr. Staberoh, of Berlin, made a visit to Great Britain and Ireland, and for six months devoted himself to the study of the fevers of those countries. His intimate acquaintance with the typhoid fever of Paris especially qualified him to compare the diseases in question; and, after doing so, he concluded, that though in many cases the British typhus wanted the follicular lesion of the bowels, the disease was the same as the typhoid affection of the continent.§

"To the above authorities in favour of the identity of the two forms of disease, we must not omit to add that of M. de Claubry, whose able and elaborate investigations of the subject were published in Paris in 1844. His assemblage of facts, and the inferences he draws from them, seem scarcely to admit of being rationally controverted.

* Thackeray Prize Essay, p. 60. Appendix, British and Foreign Review, No. 22.

† Dublin Journal of Med. Science, vol. x., p. 19, 22, 23,

‡ Ibid., p. 101. § Ibid., vol. xiii., p. 426.

"It thus appears that there are many of the more eminent pathologists of Great Britain, Ireland, and other European countries who concur in the opinion that no essential difference exists between typhus and typhoid fever. Their observations, however, establish the fact, that dothinenteritis frequently modifies the character of typhus; and that this complication is more common in some seasons and some countries than in others—a circumstance referable to causes which, though obscure, are clearly adventitious.

"The necroscopic researches in this country have afforded no satisfactory evidence of there being a specific difference between the forms of malady under consideration. On the contrary, the facts already spread before the public, as well as those daily accumulating in our hospital registers, when carefully analyzed and compared with the phenomena of the typhus and typhoid epidemics of other countries, show that these diseases are one and the same. Cases presenting the same general features, the same nervous, vascular, eruptive, and other phenomena, and springing from the same efficient cause, are found to differ merely in their complications, one case exhibiting after death, various anatomical changes, particularly alterations of the glands of Peyer and Brunner, and others showing no such alterations.

"The strongest testimony, as it appears to us, yet adduced on this side of the Atlantic in favor of the opinion of the non-identity of typhus and typhoid fever, is that furnished by Dr. Gerhard, of Philadelphia. This gentleman has described in the *American Journal of Medical Sciences* for 1847, two epidemics, occurring in that city in different years, one of which he designated typhus, and the other typhoid fever. In speaking of the former (typhus,) he says, 'In this large number of autopsies, amounting to about fifty, there was but in one case, and that doubtful in its diagnosis, the slightest deviation from the natural appearance of the glands of Peyer.' In the epidemic which he denominated typhoid fever, it appears that Peyer's glands were generally affected, and hence he inferred that, notwithstanding the similarity of the general symptoms to those of typhus, that the malady was not typhus. Now, if what has been said of the variety of complications which the same epidemic disease assumes in different years, be true, is it not fair to conclude that the differences in the morbid anatomy of the two epidemics described by Dr. Gerhard were due to incidental causes: and that the two epidemics, were the same disease modified in different seasons, as in the instances mentioned by Dr. Kennedy, and adverted to by Drs. Stokes and Davidson?

"The post-mortem examinations made at the New York Hospitals, during the last year, might be deemed sufficient, apart from all other testimony, to establish the identity of typhus and typhoid fever. In the cases of ship fever, a pure form of typhus, a disease unquestionably originating in every instance from the same poison, follicular disease of the intestines was found after

death in some cases, and not in others. Dr. Stone tells us, in the *New York Annalist*,* that, in four weeks, ending May 12th, 1847, there were admitted into the Bellevue Hospital about four hundred and sixty-six cases, sick of typhus; and he says that 'the most constant anatomical lesions which I have found in the examination of about twenty-five of those who have died, is an enlargement and softening of the spleen. Peyer's glands were found more or less diseased in about one-fourth of these cases, and the heart more or less softened in a somewhat larger proportion.' The same gentleman, in another communication, published in the *New York Journal of Medicine*,† relating to the same fever, gives the following among his other conclusions, drawn from observations of the disease in New York and New England: 'That typhus and typhoid fever, so called, are identical.' Professor Clark, in illustrating the morbid anatomy of typhus, at a meeting of the New York Pathological Society, Feb. 23, 1848, stated, in reference to a particular hospital case, that 'the usual old typhoid lesion affected the intestines with the common appearance of the present epidemic.' 'This case,' he said, 'allies the present epidemic with the typhoid fever.‡ At a meeting of the same society, held March 8, 1848, Dr. Swett made the following interesting statement. He said, 'that fever had occurred at the Bloomingdale Lunatic Asylum, carried thither by an insane emigrant, and fifteen persons had been attacked with it. Nine or ten had come to the hospital, and two had been examined post-mortem. In the first there was no lesions of any kind: in the second, there were ulcerations of the small intestines.' 'Where the ulcers existed, instead of attacking Peyer's glands in the middle, they attacked the edges, extending two or three feet up the intestine, and then disappearing. Some had cicatrized, and some were cicatrizing. Both cases originated from ship fever in a very cleanly and healthy set of men; so that it seems as if the same poison might communicate to one ulceration, and to the other none.' Dr. Swett ingenuously added, 'that his belief in the non-identity of the diseases lessened daily, and he could not discriminate between cases presenting intestinal lesions (typhoid,) and those which did not (typhus.)§ Dr. Griscom, one of the physicians of the New York Hospital, states, that in ten autopsies of patients dying of ship fever in that institution, in July, August, and September, 1847, six presented follicular disease of the intestines. Peyer's plates were prominent in four, and ulcerated in two. Facts of this kind are so frequently observed in the New York Hospitals, that they have, in a measure, ceased to attract the attention of many physicians once deeply interested in their

* Vol. i. p. 383, No. for May 15, 1847. † Vol. x. p. 176, No. for March, 1848. ‡ Annalist, Vol. ii. p. 249. § Annalist, Vol. ii. p. 265, No. for April 15, 1848.

investigation, in reference to the question of the identity of typhus and typhoid fever.

"To the same conclusion tend the inquiries, relating to this subject, in other quarters of our country. A writer in the *American Journal of the Medical Sciences*,* in speaking, it is presumed, of the ship fever in Philadelphia, says: 'We have lately seen a great number of cases of fever in recently arrived Irish emigrants; the majority of the cases were well-marked typhus fever; a few were of equally well-marked typhoid fever; while, in a third class of cases, the characteristics of these two fevers were so completely blended that it was very difficult to determine which of the two predominated.' And he adds, 'here, then, we have persons who have been exposed to precisely the same morbific causes, attacked with fever of a similar type, bearing the characters in some of the typhoid fever, in others of the typhus, and in others again a union, as it were, of the characteristics of both. This fact would seem to prove, that the typhoid is a mere form or variety of the typhus fever.' He also remarks, that 'in the present state of our knowledge on this subject, it is, we conceive, much safer to consider the typhoid as one of the forms of typhus fever.'

"In view of the facts which have been stated, it seems to the committee that no reasonable doubt can remain that typhus and typhoid fever are identical. Were medical men united in this conclusion, might we not hope, that with undivided attention, and a union of effort, more rapid advances would be made in determining the causes of the morbid condition of the Peyerian glands and other organs which occur in some cases of typhus and not in others? On this subject we would, in conclusion, remark, that it appears to us, that the deposit of typhus matter, so called, occurs not only in the intestinal follicles and mesenteric glands, but also in and beneath the mucous membranes, in the lungs, spleen, and probably in the kidneys; that in some cases this form of epigeneses shows itself mostly, if not exclusively, in the intestines, in others in a different part, and in others again, in various tissues; that in some instances it is not discoverable in any organ; that in the typhus of some seasons and countries it is generally present in the intestines, and in others, absent in many or a large majority of cases."

JOSEPH M. SMITH, *Chairman.*

* No. xxix. p. 202, January, 1848.

Chloroform in Cholera.—Mrs. Smith, aged fifty-five, of bilious temperament, prone to diarrhœa, was on Monday last seized with all the symptoms of an attack of English cholera—vomiting purging, excessive spasm of the body and extremities, small rapid pulse, and insatiable thirst. The dejections were of a frothy character, resembling yeast, and the matter rejected from the stomach of the same nature. Recourse was had to the usual remedies prescribed in this disease, with strong terebinthinate stupes to the abdomen and calves of the legs, and injunctions given as to diet, &c. Having attended her before for the like symptoms, I prognosticated a favorable and speedy result. About three o'clock, on the following morning I was hastily aroused by her husband, as the patient had become much worse. All her symptoms had increased to an alarming degree; the spasm was universal and excessively violent, "as if knots were being tied in her bowels;" vomiting incessant; countenance livid and cold; articulation feeble, praying to be released from her sufferings. As all the medicines had been rejected, I thought it fruitless to continue them, but at once decided upon administering chloroform. A mixture composed of the following was prescribed:—

R. Chloroform gr. xiv.; aquævitæ (cogn)., oz. i.; aquæ distill., ad oz. vi. M.

A fourth part was given immediately, which had a partial but most satisfactory effect: an abatement of all her symptoms was the immediate consequence. In two hours a disposition to a recurrence manifested itself, when a second dose of the mixture was administered, which entirely controlled all spasms, vomiting, and purging. She expressed herself "very comfortable," and fell into a quiet sleep. At nine o'clock I again saw her, and found her suffering only from some febrile symptoms, accompanied with much exhaustion. She was ordered cold rice and mucilaginous drinks, and had the chalk mixture with nitric ether prescribed. A dose of ox-gall (gr. x.) was given in the course of the day, which produced three bilious evacuations and some disposition to vomiting, which soon passed away. In two days she was declared convalescent. In 1832, when the cholera visited this place, my patient was attacked, but she declares her sufferings then were nothing in comparison with her late disorder. The two remaining doses of chloroform mixture were ordered to be carefully preserved in case she had any return of her symptoms. A daughter grown up, who had assiduously attended upon her mother, was on Wednesday evening seized in precisely a like manner, except that the dejections were more abundant and frequent; and the mother, without hesitation or appeal for advice, gave her the two remaining doses of the mixture. The same magic result followed; the first dose was only partial in its effect, but the second completely subdued the disease. When I called on Thursday, the gratifying announcement was made to me of the success of my medicine in a second case.

Perhaps I am not justified in calling these decided cases of Asiatic cholera, but the disease in its latter stage, in the case of the mother, assumed a much more severe type than our English form usually bears.

Without offering any remarks upon the *fons et origo* of the malady in its worst form, and with prospective fears for its soon visiting our shores, I am but too happy (in conjunction with Mr. Brady) in being able to report so favorably of a remedy which I believe only requires to be more extensively tested to be appreciated.—*London Medical Times, and Western Lancet.*

Treatment of Cholera.—Dr. Maxwell, of Calcutta, who has lately published a "Key to the Cholera," (he himself having had three attacks of the disease,) thus alludes to his recovery from the last attack. Our quotation commences after his description of the occurrence of the characteristic spasms.

"The thirst, however, became worse and worse, and I determined to relieve it at all hazards, and not add misery to death. Having made up my mind, the next point was to choose the particular beverage; there was plain water, whey, and barley-water, gruel, congee, &c., wine and water, brandy and water, &c. To the last of these I had a repugnance, as every one has in full-formed cholera, and the others would require time and direction for their preparation, which my disease was not able to afford, or I to give. Whilst thus ruminating, my eye accidently fell upon a packet of effervescing soda powders standing among a crowd of other remedies and nostrums on the table. It immediately struck my fancy; it struck me as the very thing I wanted, and without further delay, I pointed to it, and made signs for a copious draught thereof. It was soon made, and soon swallowed; it was extremely refreshing and agreeable, and the thirst was allayed; no nausea succeeded, and the pleasing anticipation remained of having a repetition of the draught whenever I desired. This I was not long in desiring; in fact, almost immediately after I swallowed another, and continued repeating it whenever the thirst became urgent. Instead of retrograding or remaining stationary, I began to improve; the stools became easier, and the spasms less vigorous and vicious.

"I experienced an inclination to sleep, a desire to be covered up, and for something hot to drink (these are the best signs, they point out the disease escaping from the collapse stage.) I had a large tumbler full of very warm but weak brandy and water made, and drank it off. I fell asleep, and had five or six hours of sound repose. I awoke bathed in perspiration, and with the exception of a little stiffness and considerable thirst, I felt perfectly well. The thirst was again relieved by the effervescing draughts, and I followed up the principle with a couple of dishes of that most delectable and pre-eminent of all stomachics, tea."—*Medical Times.*

Kreosote in Erysipelas. By P. Fahnestock, M. D., of Pittsburg. (Extracted from a letter to the Editor of the American Journal of Medical Science.)

"Allow me to state, that during a practice of many years, I have been in the habit of using kreosote in erysipelas of the face, (as well as on all other parts of the body,) in both its simple and phlegmonous forms, confining my local treatment to this article alone. And such has been the success of this treatment, that I have as yet to witness a case which has not yielded to it.

"In every case of local erysipelas, I immediately apply the purest kreosote, with a camel's hair brush, over the whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of chlor. hydrarg., followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all I find necessary. But when the mucous membrane of the mouth and fauces is also affected, I pencil those parts with a strong solution of the nit. argent., say from drachm ss to drachm i, to ounce i of distilled water.

"In the phlegmonous form it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold, and well sprinkled with water strongly impregnated with the kreosote, or a cloth, kept constantly wet with the solution, especially for the face.

"The kreosote when applied, should cause the parts to become white immediately. If this does not occur, it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

"I was first induced to make a trial of this remedy, by a mark made by Dupuytren in a small pamphlet which fell into my hands, in which he supposed it might be a good remedy in this disease.

"The result of an extensive and exclusive use of this article in erysipelas, has induced me to place the most implicit confidence in it; and all I ask for the profession is a fair trial for it, confident that whoever once tries it, will abandon all other articles in its favor.—*Buffalo Medical Journal.*

Case of Amaurosis. By W. Hendren, M. D., *Delaware County, Ohio.*

Called January 30th 1848, to see Mr. F., who was said to be almost blind and much deranged in general health. Received from him the following history of his case. "Three months ago,

while out at work, I felt a sudden dimness of sight—so much so, that with my right eye I could scarcely distinguish even the most familiar objects. This blur or dimness occasionally disappeared, but only for a short time. At length it increased so much that I became alarmed and called on a physician. At this time my eyes were somewhat inflamed and my general health declining. The Dr. bled me several times from the arm, cupped my temples, blistered the back of my neck, side of my face and temples, gave me a good deal of medicine (principally cathartic,) and directed me to observe low diet and keep in a dark room. Following this treatment several weeks, and finding myself only growing worse, I submitted my case to a Physician of some eminence. He stated my liver to be affected, gave me blue pill, and, as he said, to stimulate the nerve of my eye to action, raised the upper lid, depressed the eye-ball and touched it with caustic. This, instead of having the desired effect, produced an intense pain in the region of the eye, which has increased in extent and severity until the present time."

According to his description the pain commenced in the posterior part of the eye, shooting back into the head and along the temporal muscle and superior maxilla, causing an aching of the molar teeth. Becoming again alarmed, he called another physician who extracted three of the teeth of which he complained, but with no relief, and put him upon the use of quinine. No benefit resulting, he consulted other physicians who resorted to emetics, blistering his temples, put a seton in the back of his neck, &c., but the patient still became worse. At this time I was called and found him despairing of getting any help. I thought there was a chance for his relief, and accordingly commenced treating his case. His symptoms when I first saw him, were as follows: On entering his room I found him holding his hand on the right side of his head and groaning distressingly. He stated that the right side of his head, face and eye, pained him much, at times excruciatingly, and that for two months he had been unable to sleep night or day (the excess of pain was such) except a few moments at a time. He could see very faintly out of the right eye, by holding up the lid, which was paralysed, hanging loosely over the eye-ball. The eye was sunk considerably in the head, pupil contracted, iris motionless. When he could see at all, objects seemed double. The flame of a candle appeared sometimes split, at others lengthened. There was much more than the natural heat in the right side of his head, and a wasting of the temporal muscle presented an appearance as though the bone was depressed. There was some tenderness on pressure over the temple and external canthus of the eye. His gait was very unsteady, and in walking, he would reach out his left hand to seize objects, with which to sustain himself, the right hand being placed against the right side of his head. The left side was not painful, but the left eye looked

dull, and the sight was somewhat impaired. His general health was bad—pulse about 85, small, but slightly tense—tongue coated with a thick, white fur—skin harsh and dry, and a preternatural fulness in the right hypochondriac region. The vessels of the right side of the head and neck were fuller than those of the left, and there was more heat on that side. His appetite was capricious, and he was extremely nervous and dejected.

Treatment.—In the first place I opened the right temporal artery, and drew off about 10 ounces of blood, which, he said, relieved him some—gave him a full dose of pills composed of calomel and blue mass, equal parts, and a small portion of Ipecac. I also precribed a full dose of Dover's powder, to be taken at bedtime—next morning to take a dose of castor oil.

Jan. 31st. Dover's powder at night.

Feb. 1st. Rested better last night than he had done for two months—took a dose of pills at night composed of calomel and comp. ext. colocynth, with a small portion of Ipecac—Dover's powder at late bedtime.

Feb. 2d. Slept pretty well—medicine operated well. Put him upon the precipitated carb. of iron, 20 grs. three times per day—continued this for 3 days, with one dose of the above-mentioned pills and Dover's powder at night.

Feb. 6th. Felt much better—symptoms better, except the eye remained much the same. Continued the same treatment until the 10*th.* Diet light, farinaceous—not much change from the 6*th.* Increased the carb. of iron to 25 grs. every eight hours, also take one-fourth of a gr. of the extract of stramonium every eight hours, alternating with the iron. I stopped the Dover's powder, the condition of the surface being better—occasionally administered a dose of the last mentioned pills sufficient to keep up an action of the bowels.

Feb. 15th. Health much improved—eyes look better, but a good deal of pain in the right eye, side of the head, face and temple. Increased the dose of ext. stramonium to one half gr. taken at the same intervals. Same treatment continued until March first—prospect of recovery of health and sight very flattering. Continued the same course, except to gradually increase the stramonium; until by the 10*th* the dose was one gr., three times per day. At this date the left eye was entirely well, right much better—health still better. Ordered riding on horseback in pleasant weather.

March, 25th. Health improving—eye looks more natural—still some pain. Carb. of iron to be stopped—continue stramonium in the same way. Take of Fowler's solution, 10 drops three times per day, in the place of the iron.

April 10th. Perfectly well—right eye entirely restored—temporal muscle filled up so as to look natural—eyes perfectly sound—cure complete—says his health is better than it has been for four years.

This gentleman's case being a very interesting one, and having been treated by several skilful physicians without success, I deem it my duty to give to the profession the course of treatment which so happily succeeded.—*Ohio Medical and Surgical Journal.*

INFLUENCE OF QUACKERY ON HEALTH, MORALS, &c.

Remarks of Mr. Sanborn, of Hanover, in the New Hampshire Legislature, upon the Bill incorporating the New Hampshire Medical Botanic Society.

When the Portuguese navigators first doubled the Cape of Good Hope, in the 15th century, and coasted along the shores of southern India, the evidences of wealth and refinement which every where met the eye inclined them to believe that they had discovered a *christian* instead of a *heathen* country. The crew of the first ship that landed upon that coast visited a heathen temple. At its entrance they were met by priests, wearing beads, resembling the Catholic rosary, and holding in their hands vessels of holy water, which they sprinkled upon those who entered. Within the temple, they discovered numerous images, which they took to be those of saints. This completed the illusion, and they all prostrated themselves in an act of solemn devotion. But one sailor, being a little more considerate than the rest, before saying his prayers, raised himself to survey the interior of the temple, and observing that the images were grotesque and unsightly, having divers supernumerary hands and feet and other appurtenances not strictly human, he put in the following caveat before proceeding to his devotions:—"*If these be devils, it is God that I worship.*" I must confess that I approach this new temple of science which this bill proposes to rear, with similar feelings. I know not whether to enter its portals as a worshipper or a recusant; whether to offer incense upon this new altar, or bid defiance to the presiding divinity. If it be the real object of the petitioners to promote true science, I am in favor of the bill. If they propose to multiply the mis-called remedies for the cure of diseases, and thereby promote empiricism, I am opposed to the bill. The bill is so drawn that it does not reveal the *modus operandi* which the petitioners propose to adopt "for the promotion of medical and botanical science." But it is fair to judge of men by their works. Knowing the petitioners to be extensively employed in the manufacture and sale of vegetable medicines, it is reasonable to infer that the object of this bill is to increase their sales, give popularity to their business, and impart dignity and character to their peculiar profession. Whether they have fairly stated their object, remains for the House to decide. If a company of miners from Franconia

should come here and ask for an act of incorporation for the promotion of *mineralogy*, and, under the vague and general provisions of such a bill, should establish an extensive iron foundry and factories for the manufacture of all kinds of machinery, we should infer that they had obtained their charter under false pretences; and we should the more readily infer this, if the same corporation should proceed to the working of precious metals, mixing them with base alloys, and selling their spurious articles for pure gold and silver. Or if an association of speculators should obtain an act of incorporation for the promotion of the science of *chemistry*; and, under a charter thus obtained, should set up an establishment for dyeing and printing calicoes, and in addition should compound and sell all kinds of adulterated paints and oils, every reasonable man would say that they had abused their privileges and forfeited their charter.

The cases supposed seem to me to be precisely similar to the one now under consideration. The petitioners ask for an act for the promotion of science; they intend, as I believe, to manufacture and sell vegetable medicines, to be heralded to the world as the wonderful discoveries of scientific men acting under this new charter. I propose, therefore, to discourse at some length upon the influence of popular nostrums, for the cure of diseases, upon the *health*, *morals*, and *pecuniary resources* of the community. I trust that while I confine my remarks to charlatans and impostors, no gentleman will regard my discourse as personal to himself.

The most scientific physicians of the age admit that, in past ages, too much medicine has generally been administered to the sick. Excessive medication has been a fault of many practitioners of the healing art; and why? Simply because a large proportion of the diseases for which physicians are called upon to prescribe, are *imaginary*, and the patients really need no medicine. All physicians and metaphysicians agree on this point, that the imagination has an important agency both in the production and cure of diseases. The mind and body are so intimately associated that they mutually affect each other. Moreover, many real diseases are merely *functional* and not *organic* in their nature. They belong rather to the movement of the vital machinery than to its separate organs. For instance, a clock or watch may be perfect, in all its wheels, and yet fail to mark the time accurately, because it is not well regulated. So the human system may be sound and entire, in all its parts, and yet its healthy functions may be so deranged as to render the patient really *ill*. Now what does such a man need? Simply the advice of a competent physician, who may prescribe, perhaps, a change of diet, a change of place, new objects of attention, increased exercise, or some inert and harmless medicine to satisfy the demands of the patient. The existence of this great class of merely *functional* and frequently *imaginary* diseases, gives the homœopathist his wonderful success.

Being called, in many cases, where the patient needs do medicine, he administers an infinitesimal quantity, just to satisfy the demands of the sick, that "something should be done," and the man speedily recovers. Did any sane man ever persuade himself that the efficacy of a medicine is increased precisely as its quantity is diminished? and that the smaller the dose, the more potent is its influence? If the doctrines of the founder of homœopathy be true, an ounce of opium would convert Lake Superior into excellent paregoric, and the world might be supplied with soporific mixtures already *shaken* and fit for use, as long as time shall last. But Hahnemann was a deceiver and an impostor. His own language to a friend was—"I give medicines but very seldom, although I always prescribe small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine! Most patients will get well by adopting a simple mode of living, and by placing a boundless confidence in their medical attendants." It is, no doubt, well for the patient to confide in the skill of his physician, and it is sometimes well to humor the patient's desire for a prescription, though no medicine be needed. In such cases, the most eminent physicians frequently administer some innocent substance, as a bread pill, or a little gum Arabic water, which usually proves successful.

Besides the imaginary diseases above alluded to, another large class arises from slight indigestion, or from occasional intemperance in food or drink. A man abuses his system by excessive eating, or by improper or innutritious food. He suffers from nausea, faintness and depression of spirits. At night he is troubled by bad dreams or incubus. Another, perhaps, has been too closely confined to a sedentary life, has inhaled bad air, and feels languid and feeble, experiencing what an old lady once denominated "a sense of all-gone-ness." What do such patients need? The first should *fast*; the second should "take up his bed and walk." But while they are suffering from a voluntary transgression of the laws of health, the advertisement of some nostrum vender meets their eye. It matters little what the medicine may be, it is adapted to cure any and every specific disease. Their symptoms are exactly described; thousands have already been cured, and respectable men certify to the efficacy of the offered remedy. They, too, are persuaded to try it. They take into the stomach, already enfeebled and needing rest—a stimulant, perhaps an active poison, which operates as a local irritant. The patient immediately feels better, and the next day is ready to certify to the wonderful efficacy of the new remedy, and perhaps on the day following he finds it necessary to resort to it "*yet again*." The miraculous cure can be easily accounted for. The operation of the stimulant or local irritant is simply this. It has pleased the Creator to lay up in the store-house of the human constitution a vast amount of strength

and animal spirits, which remain latent while the system is in healthy and undisturbed action, but are developed by certain exciting agents and causes. This dormant energy may be waked to action either through the agency of strong passions and mental excitement, or by medical agents operating mechanically upon the delicate lining membrane of the internal organs. Alcohol and all the diffusive stimulants operate, in this way, upon the animal system. As most of the nostrums of the day contain alcohol, or some other poison or irritant resembling it in its effects, we may very properly illustrate the operation of patent medicines, by the well-known effects of alcohol. Alcohol, like other active poisons, is *indigestible;* and, of course, *innutritious.* No part of the system can assimilate it. When taken into the mouth its tendency is to corrugate its lining surface and produce a burning sensation in the organs of taste. It produces the same effect upon the stomach. It is taken up by the absorbents, and mingling with the blood, it moves in a fiery current through the arteries and veins, visiting in its course, the heart, the lungs, and the brain. Of course, the nervous system is greatly excited, and there is an increase of nervous energy, and consequently an increase of strength and animal spirits. The latent powers of the system are roused, and the machinery of life moves with an increased and unnatural velocity. This effect continues till the offensive fluid, being rejected at every portal of life within, is thrown off from the system by the emunctories and pores of the skin. Herein it operates as a deceiver. The weary man, or the sick man, drinks and feels refreshed. He is, as he believes, both brighter and stronger; while, in fact, he has only drawn in advance, upon that nervous energy, which is treasured up to meet the demands of the system in cases of emergency. Any of the violent passions would, when in action, produce the same result. Let a neighbor approach the toper just as he is about to raise the cup to his lips, and spurn him with the foot or buffet him with the fist, without provocation, and will not the insult make the weary man forget his fatigue? Will it not increase his strength as much as though he had swallowed the potation? No doubt it would; and the excitement resulting from the exercise of any strong passion would produce the same result, whether it be love or fear, jealousy or hate. But in the human constitution, as in physics, action and re-action are equal and in contrary directions. The unnatural excitement, from whatever cause produced, whether by alcohol, vegetable elixirs or passion, is followed by unnatural depression and consequent physical exhaustion. A man, by using artificial stimulants, may do the work of two days in one, and he will live two days in one; and this is the reason why drunkards do not live out half their days. The same is true of those who swallow large quantities of patent medicines, which usually contain some active poison. They operate as a stimulant or local irritant upon the already jaded

stomach, destroy its healthy action, and produce a chronic and incurable disease.

But it may be asked, if this be the ordinary effect of frequent medication by popular nostrums, why are so many cures announced? The answer is obvious. The sick recover in spite of the medicine, but would recover much sooner without it. Many of these boasted cures are only lucky coincidences. *Post hoc, ergo propter hoc*, is the great stumbling block of ignorant men. One event follows another in the order of time, the inference is that the consequent was the effect of the antecedent. Patrick called on his physician for a prescription for his wife. He was ordered to apply a blister to the chest. Pat having no chest in the house, applied the blister to the lid of an old trunk, and the wife *happened* to recover, and was ready to certify to the efficacy of the application. A few years ago, there lived in Vermont a medical prophet, who healed the diseases of patients at a distance, provided they sent him a minute account of their symptoms, *with the required fee*. A lady, residing in the county of Cheshire, in this State, who had for a long time been in ill health, had faith in the prophet. She besought a neighbour who was about to visit the residence of the prophet, to carry a letter detailing the symptoms of her disease. She inquired diligently the time when he would arrive at the place, that she might know whether her disease was affected by the power of the prophet. At the supposed time of his arrival, she began to amend; the next day she walked abroad, extended her walk the day following, and when the neighbor returned, was much improved in health. On inquiry, she ascertained that the faithless neighbor had never seen the prophet, and her unopened letter and money were returned. The history of charlatanry is full of such facts. It is no doubt true, that more than half the cases of illness that occur, would terminate successfully if no physician were called and no medicine were taken. These cases furnish the certificates of impostors.

The cure of the scrofula by the royal touch, the weapon ointment and sympathetic powder, in popular use about two hundred years ago, furnish testimony in point. For many generations, it was customary for the kings of England to lay their hands upon persons afflicted with the "king's evil," (so called,) and hang a piece of gold around the neck of each patient. The profligate Charles II. is said to have touched nearly one hundred thousand patients of this description, all of whom were essentially benefitted, except in cases of deficient faith. It will not be denied that the peculiar mental state of patients, in such cases, may have modified real disease, and perhaps, in some instances, removed it; still, the virtue resided in the *patient*, not in the *King*. The *unguentum armarium*, or weapon ointment, which was so popular for a time in healing wounds, was applied to the *weapon* and not to the *wound*. A similar use was made of the sympathetic powders, for

the relief of pain. A handkerchief or some article of apparel belonging to the sick was moistened with a solution of the powder, and the patient was relieved. Thousands were ready to testify to the efficacy of each of these absurd curative processes. So when Perkins's metallic tractors were in vogue, about 40 years ago, it is said that a million and a half of radical cures were announced as resulting from the use of these harmless pieces of metal. They were soon discarded by the public when it was ascertained that equally wonderful results were produced by tractors of lead or wood, with nails, pieces of bone, slate pencil and tobacco pipe. Then men forebore to pay five guineas for a couple of ounces of brass and iron! Surely the poet has well said:—

"The world is generally averse
To all the truth it sees and hears,
But swallows nonsence and a lie
With greediness and gluttony."

* * * *

"Surely the pleasure is as great
Of being cheated as to cheat."

The truth is, no man is proof against deception; and when the body is weakened by disease, real or imaginary, the mind suffers from sympathy; and under such circumstances, the most intelligent are easily duped by pretenders and quacks. Their medicines always promise more than any medicine, however good, could be expected to perform. It is safe to assert that there is not an advertised nostrum, in the market, which does not hold out false hopes to the sick. Every such advertisement is an imposition upon the public, whether it come from physicians regular, irregular or defective; and in the grammar of medicine, the latter class is very numerous. If one tithe of what the vegetable doctors assert were true, we might attain unto what the progenitors of our race would have secured by partaking of the fruit of the tree of life. We might "live forever." If the pompous assertions of the makers of cosmetics, washes for the face, and beautifying lotions, were true, we might have ladies beautiful as the houris, with the assurance of perpetual juvenescence. In a word, we might bid defiance to the darts of death, and the vegetable doctor might stand over the prostrate king of terrors, and exclaim, in triumph, "Oh death, where is thy sting?" and then turn to his patient, and in the language of Oriental adulation, exclaim, oh patient, "live forever!"

It is pretended that nobody is deceived by the professions of quacks. Every day's experience contradicts this assertion. The rich and the poor, the wise and the simple, are all occasionally deluded by these cheating, lying impostors. The human mind is so constituted, that we must confide in others. We are made to

trust each other; to believe the solemn declarations of our fellows. Without this mutual confidence, society could not exist; hence the abuse of it becomes the more odious. None are so credulous as the sick. They listen readily to the advice and suggestions of others. Fearing the ravages of disease, they eagerly lay hold of any hope, however delusive, which empirics may hold out to them. The extensive sale of vegetable medicines proves this. A few years ago, when Morison's vegetable life pills were so popular in this country, a suit was commenced in a court in Massachusetts, by Morison and Moat, against John K. Palmer, for selling a spurious article. It appeared there in evidence, that the proprietors had been so successful in England, as to be able to establish the "British College of Health," at an expense of two hundred and fifty thousand dollars, from which agents were sent into all the principal cities in Europe and America. The demand for these pills became so great, in this country, that the sale amounted to two hundred and fifty thousand dollars in a single year; and the seller of the spurious pills had disposed of one hundred thousand boxes, before he was arrested by the patentee. It appeared, furthermore, that this "British College of Health," with its high sounding name, had neither charter, professors, nor students; but consisted of an immense building in the suburbs of London, with appropriate apparatus for the manufacture of "Hygeian pills;" and that the proprietor was neither surgeon, physician, nor man of science, but an arch quack. What has become of this vaunted remedy, in the brief space of ten years? Gone, like thousands of its predecessors, to the shades of Erebus and old Night!

The fact that new nostrums remain popular only for a brief period, proves that their healing virtues, like the diseases they profess to cure, are *imaginary*. Each remedy has its brief day of glory, and is succeeded by a rival candidate for the popular applause. Each new invention has a two-fold office. It comes to bury the dead and herald a new race. Every fresh adventurer denounces all rivals as deceivers and impostors. These makers and venders of nostrums abuse each other like pickpockets. They wage upon every fellow quack an internecine war. Every member of the fraternity is an Ishmaelite to every other. On all sides it is war to the knife, and the knife to the hilt. The dead lie prostrate on many a hard-fought field; but it is the *patients* who die, not the *quacks!* But are we not bound to believe what these impostors say of each other? Who should know the tricks of the trade better than they? If we can trust their promises, we certainly are bound to credit their assertions concerning the fraternity. They warn us, "as *we value health*," to shun all prescriptions of quacks except their own; and this is done by every inventor of a new medicine. Look at the flaming advertisements of the rival Drs. Townsend, which stare us in the face from every

paper printed in Concord, together with a beautiful wood cut, representing old Dr. Jacob Townsend himself. These rivals mutually vilify each other. If they speak the truth of each other, no greater villains walk the earth, "unwhipped of justice." They both offer for sale a syrup of sarsaparilla. The old doctor says he has paid two hundred thousand dollars within the last eight years for advertising; and whence came this immense sum? We cannot suppose that any man would devote more than a tithe of his income to advertising; therefore the doctor must have been doing an excellent business in the sasaparilla line, for eight years. Indeed, Messrs. Allison & Gault, of this town, certify that they alone have sold over four thousand bottles of that article within the past year.

At the present day there is a great fondness for vegetable medicines. Anything having the prefix of vegetable to it, *goes down* with the multitude. Notwithstanding everybody knows that no new vegetable has been discovered, and no new properties have been detected in vegetables before known; still they confide in the assertions of cheats and knaves that the commonest herbs may be made sovereign remedies for "all the ills that flesh is heir to." It is equally well known that a majority of all the medicines in the pharmacopœia of the regular faculty, are of vegetable origin; and, that the most deadly poisons, such as destroy life almost at a blow, like a thunderbolt, are from the vegetable kingdom; still we are told that all vegetable remedies are safe, while mercury is the great bugbear of the many. But it has been proved, in courts of justice, where quacks have been arraigned for manslaughter, that pills, professing to be purely vegetable, have produced *salivation* in the patient. There are, perhaps, a score of infallible remedies for consumption; and, there can scarcely be a doubt that the only ingredient in them all, which serves to allay the irritation of a chronic cough, is *opium!* This for a time quiets the consumptive patient, and deceives him with the hope of recovery; but by frequent use of it, the strength is exhausted, and the system sinks under the repeated assaults of empiricism.

But of all the gross and palpable impositions upon the public credulity, the pretence that the Indians understand the healing virtues of roots and herbs is the most absurd and monstrous. Civilized and christian men having recourse to savages to learn science! It is, however, a notorious fact, that Indian "medicine men," as they are called, are the greatest impostors living. They surpass their civilized imitators. They "out-Herod Herod" in knavery. The whole system of practice among the Indians has always consisted in fraud and pretence. Catlin, who spent years among our North American Indians, constantly affirms this. They know literally nothing of the power of simples. They employ over the sick, charms, spells and incantations, and make use of amulets and consecrated medicine bags, as curative agents. Yet our scientific botanists go to these ignorant, besotted dupes of

superstition, to learn medical science! Sometimes a veritable Indian doctor appears among us, with more *brass* than *copper* in his face. He makes his prescription with great gravity and solemnity. He cuts his herbs and gathers his roots under the influence of certain astronomical signs! These signs, by the way, are but a relic of old astrology, as ancient as the Pharaohs, and have no more significancy for us than the worship of Isis. But our doctor regards the "stellar influence" in gathering his herbs. He strips the bark *upward* for an emetic, and *downward* for a cathartic. He steeps the whole in river water taken up in a peculiar way. I once heard of an instance where the whole process failed because the patient dipped the water up stream instead of down! "Because you see," said the learned doctor, "if the water be dipped up stream, it goes *agin* natur; if down stream, it helps *natur!*" Such are Indian doctors. *Ab uno disce omnes.*

Last, but not least, I mention the inventions of Thomsonians. To this class belong the petitioners. According to the system of farmer Thomson they practise medicine. This system everywhere discourages study, and encourages empiricism. Like Dogberry in the play, they not only hold that "reading and writing comes by nature," but medical science comes by inspiration, or accident. The founder of this system gained his knowledge entirely by experiment and chance. By accident he discovered the emetic properties of lobelia. He first administered it as a medicine to his own children for measles. On the rehearsal of this fact, one of his eulogists exclaims: "Hark! attention the universe! Momentous event! To his own child, when greatly debilitated, did Samuel Thompson administer, in November, in the year 1802, several portions of lobelia inflata as an emetic. Propitious moment, well worthy of being celebrated, could the exact time be ascertained, throughout all ages to come!" The philosophy of this great man was truly simple! He says—"the component parts of all animal bodies are earth and water. These are the solids; fire and air are the fluids. Death and life are cold and heat." This is all very natural, very artless, and clear as mud! But it is as difficult to see the bottom of a puddle as of the ocean; hence, by a figure of speech, we may denominate this bold theory, *profound*. Medical practice is greatly simplified by his newly pothesis of disease. "Disease," says he, "is a unit, having one common and general cause, and requiring one general remedy for its removal." Hence steam and lobelia were applied by him and his followers in all conceivable cases. But if human diseases require but *one* remedy, this new philosopher found that human credulity would tolerate some *twenty* or *thirty* different preparations of it, and the individual who heads the petition now before this House, has invented nearly as many more purely vegetable remedies! How complicated this *unit* of disease and remedy becomes, as we move onward, by the power of steam! This is the

great motive power of all modern enterprise. Our ships are propelled by steam; our machinery is driven by steam; we travel by steam; and any man who chooses may take his long and last journey to "that undiscovered country from whose bourne no traveller returns," by *steam*.

I have said that the Thomsonian practice discourages scientific study. This appears in the writings of all its advocates. In the "Thomsonian Manual," printed at Boston, No. 8, page 121, it is written—"Dr. Thomson has always opposed the idea which some entertain, that a college education is necessary for a practitioner, or to advance the glorious system of which he is the founder." The writer admits that medical institutions may be useful, but still maintains that they are not necessary; for he adds, "that it requires a long and laborious study of the anatomy and physiology of man, or a profound knowledge of botany, in order to make a successful Thomsonian practitioner, the career of Thomson and many others proves the contrary." He goes on to assert that the requisition of study for a year or two in some college or infirmary creates "a dangerous monopoly," and tends to clothe the new theory in mystery. Dr. O. P. Warren, the first individual named in this act of incorporation, in his "Vegetable Expositior," No. 1, page 19, speaking of botanic practice, says—"The shop of the chemist, with its thousand of technical instruments, and the paraphernalia of the druggist, are not necessary to its existence. Nature is its laboratory. Nature, his chemist, furnishes, in every clime, the cure for every incident disease, in some simple vegetable; and every child of nature understands the disease and remedy. It is only within the pale of civilization that these vegetable remedies have been unknown." He adopts, it seems, the notion of Indian skill; nay more, he says, page 1, of the same pamphlet, that Samuel Thomson "learned from the beast the physic of the field." The only useful lesson taught by the beasts is to shun vegetable poisons. They never crop these vile weeds, except by mistake. The object of this system is to multiply nostrums, and sell them to enrich the inventors. These medicines have already become a heavy burden to the community. They need no legislative encouragement, but rather require prohibitory enactments. They have become as numerous as the frogs of Egypt. They are found in our marts of business, in our shops, and in our streets. They are carried by pedlers from house to house. They come up into our chambers, and our kneading troughs, and our beds! The makers of them amass princely fortunes and live in palaces. The buyers of them, for the most part, lose their purchase money and their health. It is by no means contended that all these nostrums are uniformly injurious to health. Some of them may be useful, if properly applied. But as they are used indiscriminately by all classes of persons and for all sorts of diseases, they are undoubtedly productive of infinite mischief. Such of them as are invented

by illiterate pretenders to medical knowledge, cannot be safely used by any person. Many of the Thomsonian practitioners boast of their ignorance and glory in their shame. They openly abuse learning and its advocates; yet they prate about nature's laws. They pretend "to assist nature" in the cure of diseases. How can they assist nature, unless they know how nature acts? They are quite as likely to contravene the laws of nature as to co-operate with her, unless they have thoroughly studied physiology and anatomy. These sciences they discard. Botany alone they study, and that *empirically*, and thus "*assist nature.*" If nature could utter her voice, she would, no doubt, exclaim in the language of the Patriarch of Uz, "miserable comforters are ye all."—*Boston Medical and Surgical Journal.*

Unusual size of the Mammæ.—A young Irish woman, in Boston, in excellent health, with her first child, presents the singular anomaly of one very large breast, on the right side and a small one on the left. Milk is secreted abundantly in both, but in a ratio corresponding with their size. She says that this inequality commenced with their development at puberty, and that they are now distended but very little—always having been remarkable large from the period of her full growth. Such a want of symmetry rarely occurs, and may, therefore, be considered an anatomical curiosity.

Amputation of the Thigh at the Hip-joint.—M. Guersent operated, on the 28th of December, 1847, for a cancerous affection of the femut by disarticulation at the hip-joint. The child, aged five, was very much reduced. He was put under the influence of chloroform—insensibility was complete in two minutes. The operation lasted only two minutes. When the ligature was being placed on the vessels the child became pale, a little foam came from the mouth, the eyes were turned up, and the pulse at the wrist disappeared. This state of syncope was dissipated by means of active ventilation, and the introduction of a few spoonsful of wine into the stomach—and the child began to cry, much to the relief of the surgeon. Twenty-two days after the operation the child was as well as possible.—*Prov. Med. Surg. Jour.*, Nov. 15, 1848, from *Journ. di Méd. et de chir.*, Feb. 1848.—*Med. News.*

American Medical Association.—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other institutions, authorized to appoint delegates, send correct lists of those chosen to attend the

next annual meeting, to Dr. Henry J. Bowditch, Boston, on or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

We take this opportunity to remind the members of the Association of the resolution adopted in Baltimore, directing that a copy of the Transactions should be sent to such members only as shall have paid the annual assessment for the present year (three dollars.) Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association, will be furnished copies on the same terms as members (viz.: three copies for five dollars,) on remitting the amount to the Treasurer.

To other persons the Transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.

Internal use of Chloroform. By Henry Hartshorne, M. D.

When the inhalation of this substance as an anæsthetic began to attract universal attention, we made at the hospital, at Dr. Wood's suggestion, some investigations into its effects when taken internally. Although very sweet, it is so pungent as to require a large proportion of gum-water to obtund its effect on the tongue, throat, and even stomach.

Seventy-five drops gave me a sensation of general diminution of consciousness and censorial capacity. Sight, hearing, and touch, were all made less impressive, but no feeling of exhilaration or of derangement occurred. Drowsiness was positive. The pulse was not at all accelerated; in fact, it was two beats less in the minute. The same effects followed in two other medical gentlemen from two or three times the quantity. One swallowed a drachm, or over two hundred drops. He became very heavy, and after a short interval went into a sound sleep. The effect passed off on all of us after an hour or two. No one felt exhilarated or deranged as by alcohol, and in none was the pulse increased. The conclusion was positive in all our minds that it is a *direct sedative* to the cerebro-nervous system—a sedative narcotic.

A woman who suffered with a most obstinate and painful neuralgic affection of the side and head, took seventy-five drops at night. She slept better than she had for weeks, even after inhal-

ing ether or chloroform, as she had repeatedly; and was also unusually comfortable the next day. She then continued to take it, in a somewhat larger dose, for two or three weeks, every night; and improved under this more than under any other treatment.

From the pungency of chloroform I was induced to expect carminative powers. Upon trial in a number of cases of flatulent colic, I found it in the dose of seventy-five drops, sometimes repeated, to give prompt relief. It was then used as a substitute for Dover's powder as a soporific at night in rheumatism; and there answered admirably. There was but one patient, a woman with a cancer of the uterus, to whom it was given as an anodyne, who alleged that it disagreed with her, causing headache and sickness of the stomach without sleep or relief.

Believing it to be less constipating and more purely sedative than morphia, I tried the addition of it to cough mixtures in place of the latter. But here the objection presents, that so large a quantity of mucilage is required, as to oppress the stomach; or, if given in alcoholic solution, the stimulus of this vehicle might be undesirable. Still, as it is very pleasant to the taste, it might be added in small quantity to such mixtures, lessening the usual amount of opium in them.

It might be worth while to try it by enema in strangulated hernia, as a powerful relaxant to the system generally, and at the same time an excitant of peristaltic action. It is our impression that it is somewhat laxative even when taken by the mouth; but our experiments did not render this certain. There is no doubt, however, that as a purely sedative narcotic and carminative, having the advantage of a sweet, pleasant taste, it might often be made a serviceable medicine.—*Am. Jour. of Med. Science.*

Obituary Record.—Died, at Boston, on the 12th of November last, Enoch Hale, M. D., aged 58. Dr. Hale was one of the most eminent physicians of Boston. He was the author of several valuable works and dissertations, and was for many years, and we believe up to the period of his death, one of the physicians to the Massachusetts General hospital.

Died in London, on the 3d of December, in the 68th year of his age, Samuel Cooper, Esq., F. R. S., late Professor of Surgery in University College, and well known in this country by Surgical works.

How to prevent Bed-sores. By Dr. Pureroy.

The following ingenious method of preventing these dreadful specimens of disease or neglect, sometimes presented in even our

best regulated institutions, is suggested by Dr. Purefoy, in a former number of the Dublin Medical Press. The doctor may be allowed to describe his practice in his own words:—

"Having lately to treat a case of compound fracture of the tibia in an old man, the leg was comfortably placed upon the double inclined plane, and the case went on very favorably for some days, when it was thought that the leg must be placed upon the side, in order to relieve intolerable pain of the heel, and to obviate sloughing of the integuments. In this dilemma, it occurred to me to try to support the heel upon a bladder partially inflated, since pads failed completely is affording the desired relief. An ox bladder, previously moistened in tepid water, and afterwards oiled, was placed under the heel in a flaccid state, and subsequently filled gently with air, so as to give the heel the necessary elevation, and promote, as far as might be, the comfort of the patient. The experiment was successful beyond my most sanguine hope, as the air flowed underneath and upwards by the sides of the foot and ankle, thus affording an unusually agreeable and secure support to the foot and instep, at the same time relieving the heel from undue pressure: the old man exclaimed in a rapture, 'O, sir, I'm in heaven;' suffice it to say, that by renewing the bladder once only, the cure was perfected so far at the end of a month that the patient could leave his bed, and during this time he was completely relieved from the intolerable pain which at first was so very troublesome. I have lately prevented the occurrence of bed-sores, by the aid of a bladder placed under the buttock, and rolled up in a soft napkin, having previously been partially filled with air, although the patient had been for nearly two months lying upon his back, suffering under extensive gangrene, as the result of extravasation of urine."—*Lancet.*

Effects of the New Drug Law.—Dr. Edwards, the indefatigable Chairman of the Special Committee in Congress, which reported the new law, was employed for some time before the commencement of the present session, by Mr. Secretary Walker, to visit the ports of New York, Philadelphia, Baltimore and Boston, and report upon the operation of the law. Through the kindness of Dr. Bœrstler, of Lancaster, we have been favored with a few items from Dr. Edwards' forthcoming report. We are sure we could not lay more highly interesting and satisfactory information before our readers, than is contained in the following extracts from Dr. Bœrstler's letter to us.

"Much good has already resulted from the law, and the opposition to it is now confined to Drug brokers, the regular dealers approbating it. The partner of the largest importing house in New York, now in Europe, writes that this law will effectually prevent the shipment of adulterated drugs and chemicals. The

inspectors of our ports are doing their duty faithfully and fearlessly—instance New York alone, where the following spurious articles were not allowed to enter, but sent back. The inspector rejected:

July	19,	6,650 lbs.	spurious rhubarb root,	from Canton.
"	21,	931 "	" " " " "	
Aug.	10,	750 "	adulterated opium,	Marseilles.
"	11,	2,940 "	jalap root, spurious,	Tampico.
"	31,	2,249 "	rhubarb root, "	London.
Sep.	1,	645 "	" " " "	
"	5,	1,414 "	gamboge,	"
"	8,	543 "	rhubarb root,	Hamburg.
"	9,	1,400 "	senna,	Leghorn,
"	19,	2,900 "	yellow bark, "	Bordeaux.
"	20,	873 "	rhubarb root,	Canton.
"	22,	758 "	opium,	London.
"	23,	1,783 oz.	iodine	"
"	26,	1,075 lbs.	rhubarb root,	Marseilles.
"	26,	873 "	jalap root,	Vera Cruz.
"	29,	3,100 "	"	"
Oct.	23,	788 "	rhubarb,	London.
"	23,	227 "	gum myrrh,	"
"	25,	13,120 "	yellow bark, "	Marseilles.
"	26,	1,875 "	" "	Bordeaux.
"	26,	412 "	gum myrrh,	London.

In Boston a number of cases of adulterated opium, and other spurious drugs were also rejected. This will give your readers some little idea of the rascality of traders in such things, and shows the necessity of penal legislation. As well might men poison our fountains as sell us adulterated medicinal drugs, &c. * * It was apprehended the revenue would suffer by this law, but Mr. Secretary Walker nobly said, 'let no revenue be derived from any nefarious traffic.' So far from injury, the revenue is increasing, because genuine drugs and chemicals are taking the place of spurious—for example, the spurious yellow bark was invoiced at $4 per 100 lbs. when the genuine is worth $70 to $90 per 100 lbs. So in other articles.—*Ohio Med. and Surg. Journal.*

Camphor and Chloroform Mixture. By T. and H. Smith, Chemists, Edinburgh.—(*M. Jour.*) The great difficulty, or rather the utter impossibility, of administering camphor in a state of solution in doses of sufficient potency, has been long felt by the profession to be a serious evil. The form of pill, which forces itself on the physician as the only mode of giving large doses of this medicine, is objectionable in many cases, and in others altogether inadmissible. The camphor, being merely in a state of mechani-

cal division, on being set free in the stomach, from its extreme lightness quickly separates and floats about, thus producing in many cases much local irritation in that organ, instead of soothing or arousing the general system.

We have therefore much pleasure in laying before the readers of the *Monthly Journal* a formula for exhibiting camphor in doses of almost any amount of strength—certainly as large as any case can require—and that in a state of perfect solution: thereby allowing of a nice adaptation of the dose to the circumstances of each case.

The formula is as follows:—Three drachms of solid camphor are dissolved in one fluid drachm of chloroform. This is, perhaps, one of the most remarkable cases of solution the whole range of chemistry presents to us. The solution is most *rapid and complete*, and the bulk of the liquid is now increased from one to fully four fluid drachms. This solution rubbed up with the *yolk* of one fresh egg, may be formed into an extremely elegant emulsion by the addition of water, without the slightest separation of the camphor or chloroform; in fact no separation of any kind takes place. If to the proportions given above, as much water be added as to make a four ounce mixture, each teaspoonful of the mixture when formed will contain about five and a half grains of camphor, and about two minims of chloroform. The capability of the formula being varied, so that either the camphor or chloroform may constitute the predominating ingredient, must be quite obvious. This mixture can be administered in any ordinary vehicle, such as water, without the occurrence of any separation; indeed, the mixture is as readily and completely effected as cream with tea or coffee. We have tried the effect of several medicinal substances on the mixture. With none of them has any separation been caused.

A weak saline solution, composed of common salt, phosphate of soda, and an alkaline carbonate, mixed readily, as well as a solution of muriate of morphia and sulphate of zinc. With the volatile alkali and acid liquids—such as a weak solution of acetic and muriatic acids—the mixture seems to become more intimate and stable. The mixture with ammonia has stood since its preparation—now fully a week—without any separation. With water alone, however, the chloroform solution of camphor separates in a few days, but they readily unite again when slightly agitated. The solution of camphor in chloroform, although insoluble in water alone, appears in this mixture to be in as complete a state of mixture as the butter in milk when newly drawn from the cow.

It now remains with the physician to ascertain the therapeutic value of the formula. We hope that by its means our knowledge of the action of camphor as a remedial agent may become more full and precise than hitherto.—*Lancet.*